

Patient Information

Name: _____ Male Female Birthdate: _____
 Address: _____ Phone #: _____
 City: _____ Postal Code: _____
 PHN #: _____ Pregnant: No Yes

Medications: Coumadin Plavix Other blood thinners: _____
Allergies: Xylocaine Iodinated contrast Other: _____
Diabetic: Yes

For Office Use Only
 Appt date: _____
 Appt time: _____

Treatment Location

<i>Upper Extremity</i>			<i>Lower Extremity</i>			Other:		
	R	L		R	L		R	L
Shoulder			Hip & Pelvis			_____	<input type="checkbox"/>	<input type="checkbox"/>
Subacromial bursa	<input type="checkbox"/>	<input type="checkbox"/>	Hip Joint	<input type="checkbox"/>	<input type="checkbox"/>			
Glenohumeral Joint	<input type="checkbox"/>	<input type="checkbox"/>	Greater Trochanteric Bursa	<input type="checkbox"/>	<input type="checkbox"/>			
AC Joint	<input type="checkbox"/>	<input type="checkbox"/>	Ischial Bursa	<input type="checkbox"/>	<input type="checkbox"/>			
Biceps Tendon (long head)	<input type="checkbox"/>	<input type="checkbox"/>	Symphysis Pubis	<input type="checkbox"/>	<input type="checkbox"/>			
Elbow	R	L	Knee (pick one)	R	L	Significant clinical history		
Elbow: _____	<input type="checkbox"/>	<input type="checkbox"/>	Knee Joint	<input type="checkbox"/>	<input type="checkbox"/>	(must be completed)		
<i>Please specify site</i>			Baker's Cyst	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Medial Epicondylitis	<input type="checkbox"/>	<input type="checkbox"/>				_____		
Lateral Epicondylitis	<input type="checkbox"/>	<input type="checkbox"/>				_____		
Wrist & Hand	R	L	Ankle & Foot	R	L	_____		
Wrist Joint: _____	<input type="checkbox"/>	<input type="checkbox"/>	Foot Joint: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____		
<i>Please specify site</i>			Plantar Fascia	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Finger Joint: _____	<input type="checkbox"/>	<input type="checkbox"/>	Ganglion Cyst	<input type="checkbox"/>	<input type="checkbox"/>	_____		
<i>Please specify site</i>			Subtalar Joint	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Trigger Finger: _____	<input type="checkbox"/>	<input type="checkbox"/>	Tibiotalar Joint	<input type="checkbox"/>	<input type="checkbox"/>	_____		
<i>Please specify site</i>								
Ganglion Cyst	<input type="checkbox"/>	<input type="checkbox"/>						
Carpal Tunnel	<input type="checkbox"/>	<input type="checkbox"/>						

PRP (Platelet Rich Plasma): _____
 (Non-MSP insured, Fee-for-service)

Prolotherapy
 (Non-MSP insured, Fee-for-service)

Referring Physician

Name: _____ Address: _____
 Signature: _____ Physician Number: _____
 Copies To: _____



Pay parking is available adjacent to building

Booking Protocol

- Appointment(s) are required
- Prior imaging is required for spinal procedures
- Fax requisition to Medray Imaging 604.942.4612
- Medray Imaging to confirm appointment with patient

Patient Instructions

Please Remember

- **Please arrive 15 mins prior to your appointment time.** If you are late for your exam, you will likely need to reschedule and you will be charged a \$50 No Show Fee. Appointments cancelled with less than 24 hours notice will also result in a \$50 No Show Fee.
- Allow up to 1 hour for your appointment and wear comfortable clothing.
- You **MUST** bring a translator if you are unable to speak English.
- There are no restrictions to your diet; you may eat and drink before your procedure.
- You will be asked **EACH VISIT** to provide a **VALID HEALTH CARE CARD** and **PICTURE ID**. If you do not have your card you may be asked to rebook for your examination.
- Patients suspecting pregnancy should consult their physician before exam date.
- Do not bring children who require supervision.

Blood Thinners

- *For Selective Nerve Root Block or Epidural Procedures*, blood thinners must be stopped 1-8 days prior to the procedure depending on the medication. These include, but not limited to: Plavix; Coumadin; Warfarin; Pradaxa; Xarelto; Eliquis; Effient. **Discuss with your referring physician whether it is safe for you to stop blood thinners and appropriate timing. If it is not, you may not be a candidate for these procedures.**
- *For peripheral joint, tendon or facet injections*, you do not need to stop taking any blood thinners.
- Aspirin does not need to be stopped.

Medications

- Continue taking all your current medications except the ones mentioned above.
- Bring a list of your current medications with you to your appointment.
- Note any allergies to medications
- You cannot have an active infection or on antibiotics on the day of your exam.
- For all spinal injections, the steroid medication will be provided.
- For all peripheral joint & tendon injections, patients will need to bring their own steroid/viscosupplementation.

Transportation

- If possible, please have someone accompany you on the day of your procedure. In case you have discomfort, it may be more convenient to have someone else drive you home.
- **Selective Nerve Root Blocks and Epidural Injection: patients MUST have a driver.**

Post Injection

- Patients are allowed to leave after their exam with no recuperation time required. **Except for:** Selective Nerve Root Block and Epidural Injections where patients will require a minimum 30-minute recovery time.
 - You may resume light activities after your procedure, but you should refrain from strenuous activity using the injected area for 2 days following your injection, or as instructed by your doctor.
- Serious complications are very rare, but can happen. It is normal to have some increased pain the day of or the day after your injection. However, if the pain worsens day after day, or you experience fever/chills or any other signs of infection, or develop new numbness in your limbs after your injection, contact your doctor immediately or proceed to the emergency department.