# PHYSIOLOGIX DIAGNOSTIC IMAGING

X-Ray • Ultrasound • Pain Management Procedures

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Ample free parking available

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# GENERAL REQUISITION

☐ **URGENT**
☐ **STAT VERBAL: Phone to _____**
**PREGNANT ☐YES ☐NO LMP: _____**

## Patient Demographics

| | |
|---|---|
| **Last Name** | ☐ Male ☐ Female |
| **First Name** | |
| **Birthdate** DD/MMM/YYYY | **PHN** |
| **Address** Street address | |
| City/Town Province Postal Code | |
| **Cell Ph #** | **Home Ph #** |
| **Email address** | |
| **If WCB, claim #** | **Date of Injury** |

***Patient consents to receive important appointment information by ☐ email and/or ☐ text message.***

**Appointment Date: _____ Time: _____**

## X-RAY (walk-in)

**R L UPPER LIMB**
☐☐ Shoulder
☐☐ Acromioclavicular
☐☐ Sternoclavicular
☐☐ Elbow
☐☐ Wrist
☐☐ Hand
☐☐ Finger _____

**R L LOWER LIMB**
☐☐ Hip
☐☐ Knee
☐☐ Ankle
☐☐ Foot
☐☐ Toe _____
☐☐ Femur
☐☐ Tib/Fib

**SPINE**
☐ C-Spine
☐ T-Spine ☐ F/E views
☐ L-Spine
☐ Sacroiliac Joints
☐ Scoliosis Series

**OTHER**
☐ Chest
☐ Abdomen
☐ Pelvis
☐ Skeletal Survey
☐ Other_____

## DIAGNOSTIC ULTRASOUND

**R L MSK**
☐☐ Shoulder
☐☐ Elbow
☐☐ Wrist
☐☐ Finger
☐☐ Hip
☐☐ Knee
☐☐ Ankle
☐☐ Foot
☐☐ Toe

**GENERAL**
☐ Breast
☐ Abdomen
☐ Bladder
☐ Scrotum
☐ Thyroid
☐ Neck
☐ Renal
☐ Lump site

**R L VASCULAR**
☐☐ Carotid ☐ ABI
☐☐ DVT (☐ Leg ☐ Arm)

**OTHER**

## PAIN MANAGEMENT

**R L SHOULDER**
☐☐ Glenohumeral
☐☐ Acromioclavicular
☐☐ Subacromial
☐☐ Biceps Tendon
☐☐ Arthrodilatation
☐☐ Sternoclavicular

**R L ELBOW**
☐☐ Olecranon Bursa
☐☐ Elbow Joint
☐☐ Medial Epicondyle
☐☐ Lateral Epicondyle

**R L WRIST/HAND**
☐☐ Radiocarpal
☐☐ CMC _____
☐☐ MCP _____
☐☐ PIP _____
☐☐ DIP _____
☐☐ Carpal Tunnel
☐☐ STT/Triscaphe
☐☐ DeQuervain's
☐☐ MCP _____
☐☐ MCP _____
☐☐ PIP _____

**R L HIP/PELVIS**
☐☐ Hip
☐☐ Trochanteric Bursa
☐☐ Iliopsoas Bursa
☐☐ Piriformis
☐☐ Symphysis Pubis

**R L KNEE**
☐☐ Knee
☐☐ Baker's Cyst
☐☐ Pes Anserine

**R L ANKLE/FOOT**
☐☐ Tibiotalar
☐☐ Subtalar
☐☐ TMT
☐☐ Talonavicular
☐☐ Calcaneocuboid
☐☐ MTP _____
☐☐ Retrocalcaneal bursa
☐☐ Peroneal tendon
☐☐ Tib post tendon
☐☐ Achilles tendon
☐☐ Morton's _____

**FACET JOINT (SPINE)**
☐ Cortisone
☐ Radiofrequency Ablation
☐ Medial Branch Block

**R L** **R L**
☐☐ C2/3 ☐☐ Thoracic _____
☐☐ C3/4 ☐☐ L1/2
☐☐ C4/5 ☐☐ L2/3
☐☐ C5/6 ☐☐ L3/4
☐☐ C6/7 ☐☐ L4/5
☐☐ C7/T1 ☐☐ L5/S1
☐☐ Sacroiliac

**NERVE ROOT**
☐ Caudal Epidural
☐ Transforaminal Epidural
☐ Interlaminar Epidural

**R L** **R L**
☐☐ C2 ☐☐ Thoracic _____
☐☐ C3 ☐☐ L1
☐☐ C4 ☐☐ L2
☐☐ C5 ☐☐ L3
☐☐ C6 ☐☐ L4
☐☐ C7 ☐☐ L5
☐☐ C8 ☐☐ S1

☐ **OTHER**

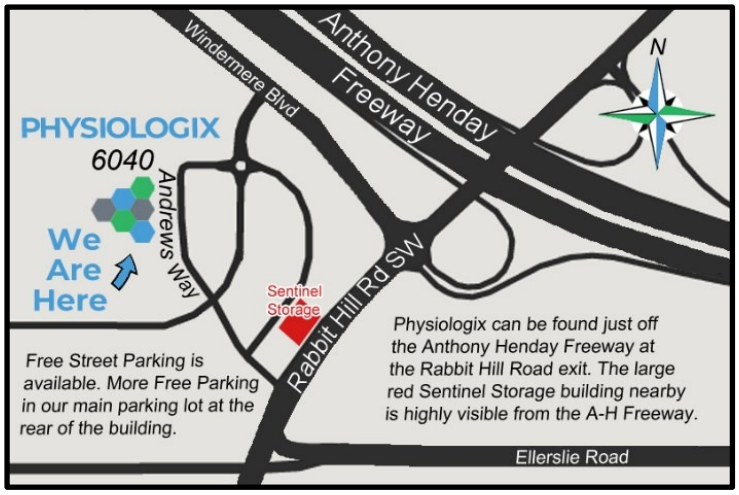
**CLINICAL OPTIMIZATIONS (see p2)**
☐ Pain Generator Pre-Screen
☐ Biomechanical Assessment
☐ Psychosocial Assessment

☐ Repeat _____(times) ☐ STANDING ORDER
☐ Prolotherapy* ☐ PRP* ☐ Hyaluronic Acid* (Cortisone is used by default) *see p2

| | |
|---|---|
| **Referring Doctor:** | **PRACID:** |
| **Signature:** | **Fax Report:** |
| **Copy Report:** | **Date:** |

**HISTORY, NOTES, and/or REQUESTS**
Anticoagulation _____

Located in the Windermere Gate neighborhood of southwest Edmonton, in addition to Diagnostic Imaging and Pain Interventions, Physiologix provides: EMG Services; Physiatry, Neurology, Rheumatology, Sports Medicine, Anaesthesia, and Surgery Consultations; and Physical Therapy, Massage Therapy, Psychology, and Acupuncture.




## THE PHYSIOLOGIX PHILOSOPHY

Physiologix is uniquely positioned to provide our patients with optimal clinical outcomes as Canada's most comprehensive full-service community-based clinic for Neuro-Musculo-Skeletal care.

The Physiologix ecosystem consists of a specialized team of physicians, nurses, allied health practitioners, X-ray and ultrasound technologists, and radiologists who work together to ensure that each patient receives the best care possible. We are committed to accurate and timely reporting and diligent follow-up.

## Clinical Optimizations:

**PAIN GENERATOR PRE-SCREEN:** For referring physicians who would like some focused assistance, a Physiologix Expert can assess the patient to help determine the best target for an injection. We will contact the patient and collect the necessary information, and arrange a timely consultation, if required, prior to the injection.

**BIOMECHANICAL AND PSYCHOSOCIAL ASSESSMENTS:** Research shows that getting the best results from pain interventions requires coordinated multidisciplinary care. Our team provides in-house physical therapy and psychology assessment to patients who require injections, if requested by the referring physician.

**CLINICAL CORRELATION:** Referring physicians can request clinical follow-up by a Physiologix Expert for any reported neurological and/or musculoskeletal imaging findings. **Please see the imaging report for further instructions**.

**Booking an Appointment:** Either the referring provider or the patient can call to book an appointment. Upon receiving a requisition, we will call the patient to schedule an appointment. Please provide minimum 24 hours notice for cancellations and appointment rescheduling.

**Patient Instructions for All Appointments:** Please bring your Healthcare Card to your appointment, and dress in clothing that is easy to remove and put back on. Please arrive 10-15 minutes earlier than your scheduled time. Please inform our staff if you are (or might be) pregnant as some tests and procedures can not be safely done for people who are pregnant. Childcare is not provided—please do not bring children to the appointment.

**Patient Instructions for Ultrasound:** Bladder and pelvis ultrasound require you to drink 32 oz of water one hour prior to your test and to not empty your bladder. For abdominal ultrasound, please do not eat or drink for 8 hours prior to your exam. It is okay to take your usual medications with a sip of water. Consult your pharmacist regarding medications that must be taken with food. MSK ultrasound examinations may also include X-rays.

**Patient Instructions for Injections:** Please continue to take all of your normal medications, but if you have a choice regarding pain medications, it is ideal to reduce them on the day of the appointment. We may have advice regarding blood thinners; you will be contacted prior to your appointment if a change is required. Please do not chew gum, use a lozenge, smoke or vaporize any substance, or consume carbonated (fizzy) drinks prior to your injection.

We will ask you to remain in the building for 10 minutes after your injection and to complete a post-injection pain score. On the scale, 0 means no pain and 10 means excruciating pain. This information is very important to your doctors.
You may participate in normal activities after your injection, but should avoid strenuous activity and hot tubs for 48 hours. If there are any additional or different instructions, they will be provided to you at your appointment.

Generally, major complications with injections are rare. It is normal to have some pain in the few days after an injection. If you have a fever, loss of appetite, progressive pain, new numbness/tingling, new weakness, or new problems with the bowel or bladder, contact your doctor or go to an Emergency Room as soon as possible. You can take the normal medications you would take for mild pain post-injection. It is absolutely necessary for you to arrange transportation if you are receiving a spinal or nerve injection as you must not drive. It is also strongly suggested that you arrange transportation for all injections in case of an unexpected reaction, or due to temporary effects of the injection.

We supply most medications for injections. You do have the option of bringing the medication with you if you prefer. *Some special medications and treatments have an associated cost, which will be discussed with you prior to your appointment. We do NOT charge patients for Cortisone.

**Physiologix.ca/diagnostic-imaging**