

Dr. Stephanie Liu • Dr. Alexis Katzell • Dr. Felix Soibelman • Dr. Erika Persson • Dr. Olesia Markevych
 Dr. Michael Lai • Dr. Navdeep Dhaliwal • Dr. Steve Petryk • Dr. Jaime Bawden • Dr. Jared Jacobson

PATIENT LABEL / DEMOGRAPHICS:

NAME: DATE OF BIRTH:
 PHONE: PHN:
 EMAIL: REFERRING PRACTITIONER:
 ADDRESS: PRAC ID#:

CLINIC NAME: FAX #:

DATE OF SYMPTOM ONSET: BODY PART: LEFT RIGHT

DIAGNOSIS / HISTORY:

MD PROGRAMS (Covered by Alberta Health):

- | | |
|--|--|
| <input type="checkbox"/> SPORTS MEDICINE CONSULTATION | <input type="checkbox"/> STEROID JOINT INJECTION |
| <input type="checkbox"/> RAPID ACCESS MSK INJURY CLINIC
<small>Acute MSK, within 8 weeks of injury, ages 8+</small> | <input type="checkbox"/> CAST CLINIC FOR NON-SURGICAL FRACTURES OR
SPLINT FITTING |

ALLIED HEALTH SERVICES (Private Pay / Insurance):

- PHYSIOTHERAPY**
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> SHOCKWAVE THERAPY | <input type="checkbox"/> LASER THERAPY | <input type="checkbox"/> DRY NEEDLING / ACUPUNCTURE | <input type="checkbox"/> ELECTROTHERAPY |
| <input type="checkbox"/> JOINT MOBILIZATION | <input type="checkbox"/> CUPPING | <input type="checkbox"/> THERAPEUTIC EXERCISE | <input type="checkbox"/> MANUAL THERAPY |
| <input type="checkbox"/> ACUTE SPORT CONCUSSION CLINIC <small>(Acute sport / recreation-related only, ages 13+)</small> | | | |
-
- REGISTERED DIETITIAN**
- | | | |
|--|--|--|
| <input type="checkbox"/> NUTRITION ASSESSMENT | <input type="checkbox"/> PERFORMANCE / SPORTS-SPECIFIC NUTRITION | <input type="checkbox"/> CONCUSSION / INJURY NUTRITION |
| <input type="checkbox"/> BODY COMPOSITION ANALYSIS / CONSULT | <input type="checkbox"/> DISORDERED EATING / RED-S | <input type="checkbox"/> THERAPEUTIC / CUSTOM MEAL PLANS |
| <input type="checkbox"/> PEDIATRIC / FAMILY NUTRITION | | |
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- DEEP TISSUE MASSAGE**
- | | | | | |
|----------------------------------|--|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> MASSAGE | <input type="checkbox"/> SOFT TISSUE RELEASE | <input type="checkbox"/> POSTURE WORK | <input type="checkbox"/> CUPPING | <input type="checkbox"/> THERAPEUTIC EXERCISE |
|----------------------------------|--|---------------------------------------|----------------------------------|---|
-
- REGISTERED PSYCHOLOGIST**
- | | | |
|---|---|---|
| <input type="checkbox"/> SPORT AND PERFORMANCE PSYCHOLOGY | <input type="checkbox"/> EATING DISORDERS | <input type="checkbox"/> DEPRESSION AND ANXIETY |
|---|---|---|
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- PERFORMANCE 360** Comprehensive baseline assessment for athletes including: functional movement, nutrition, mental health, and concussion screening.

Submit this form via fax to **1-833-381-0929**. Patient will be contacted directly.