

Dr. Stephanie Liu • Dr. Felix Soibelman • Dr. Erika Persson • Dr. Olesia Markevych • Dr. Michael Lai  
Dr. Warren Thirsk • Dr. Ed Berdusco • Dr. Steve Petryk • Dr. Jaime Bawden • Dr. Jared Jacobson  
Dr. Joshua Tiessen • Dr. Parker Konschuh

### 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"/> ACUTE SPORTS MEDICINE AND FRACTURE CLINIC<br><i>Fractures within 12 weeks</i>         | <input type="checkbox"/> WCB FRACTURES AND MAJOR JOINT INJURY                     |
| <input type="checkbox"/> RAPID ACCESS MSK INJURY CLINIC<br><i>Acute MSK, within 8 weeks of injury, ages 8+</i> | <input type="checkbox"/> CAST CLINIC FOR NON-SURGICAL FRACTURES OR SPLINT FITTING |

### ALLIED HEALTH SERVICES (Private Pay / Insurance):

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

- Does this referral meet the Sports Medicine requirements?  
(see Sports Medicine Consultation page at [www.zerone.ca/athleticare](http://www.zerone.ca/athleticare))

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