



108-4350 Hastings St Burnaby, BC V5H 1Y8

Phone: 604-243-3157

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Email: info@restoresports.ca

DATE: \_\_\_\_\_

REFERRING PHYSICIAN (print or stamp)

Name: \_\_\_\_\_

MSP Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

PHN: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Location of injury/pain: \_\_\_\_\_

Date of injury / Onset of complaint: \_\_\_\_\_

REASON FOR REFERRAL:

URGENT Please indicate reason(s) below

\*Please send relevant IMAGING, NOTES, CONSULTS, PMH, PSH, psychiatric history.

\*Please copy Restore Sports Medicine on upcoming ordered imaging.

**FAST TRACK** (target wait <4 weeks with first available physician)

**Fast Track Sports/MSK Clinic**  
*For acute injuries/pain less than 6 months in duration*

**Fast Track Joint Injection Clinic**  
Joint/Type of Injection (if known)

**NERVE STUDIES**

**Electromyography & Nerve Conduction Studies (EMG/NCS)** with Physiatry Consult

**ALLIED HEALTH**

Physiotherapy                      Counselling

Chiropractic Care                      Psychology

Massage Therapy                      Nutrition

**PHYSICIANS**

**FIRST AVAILABLE physician**

**SPECIFIC physician** \*May result in delays.

**Family Medicine/Sports Medicine**

Dr. Shelaina Anderson, MD, CCFP, Dip. Sport Med

**Physical Medicine and Rehabilitation/Sports Medicine**

Dr. Tanya Cabrita, MD, FAAPMR

Dr. Catherine Ho, MD, FRCPC, FABPMR, CSCN (EMG) Dip. Sport Med

Dr. Sushil Singla, MD, FRCPC, FAAPMR, BSc. PT

Dr. Malgorzata Sudol, MD, FRCPC, RCPSC

Dr. Meslissa Creelman, MD, FRCPC, CSCN (EMG)

**Anesthesiology**

Dr. Aniz Khalfan, MD, FRCPC

All consultations, follow up visits, and injections (including ultrasound-guided) are covered by MSP

Relevant Diagnosis/History:

Patient will undergo a comprehensive clinical assessment prior to the procedure and a follow up to guide further management.

**PROCEDURE REQUESTED**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Cortisone Injection* | <input type="checkbox"/> Trigger Point Injections       | <input type="checkbox"/> Platelet Rich Plasma* | <input type="checkbox"/> Diagnostic/Nerve Block    |
| <input type="checkbox"/> Hyaluronic Acid*     | <input type="checkbox"/> Botox Spasticity/HA/Aesthetics | <input type="checkbox"/> Dextrose/Prolotherapy | <input type="checkbox"/> Needle Tenotomy/Barbatoge |

**Shoulder**

- |  |   |
|--|---|
| <input type="checkbox"/> Glenohumeral joint    | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> AC joint              | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Subacromial bursa     | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Biceps tendon sheaths | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Supraspinatus tendon  | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Infraspinatus tendon  | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____          | R <input type="checkbox"/> L <input type="checkbox"/> |

**Elbow**

- |  |   |
|--|---|
| <input type="checkbox"/> Elbow joint           | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Olecranon Bursa       | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Lateral epicondylosis | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Medial epicondylosis  | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____          | R <input type="checkbox"/> L <input type="checkbox"/> |

**Wrist & Hand**

- |  |   |
|--|---|
| <input type="checkbox"/> Radiocarpal joint           | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> First CMC joint             | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Carpal tunnel               | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> De Quervain's Tenosynovitis | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Trigger finger: _____       | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____                | R <input type="checkbox"/> L <input type="checkbox"/> |

**Hip & Pelvis**

- |   |   |
|---|---|
| <input type="checkbox"/> Hip joint          | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Symphysis pubis    | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Iliopsoas bursa    | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Trochanteric bursa | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Ischial bursa      | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Piriformis muscle  | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____       | R <input type="checkbox"/> L <input type="checkbox"/> |

**Knee**

- |   |   |
|---|---|
| <input type="checkbox"/> Knee joint         | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Baker's cyst       | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Patellar bursa     | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Pes Anserine bursa | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____       | R <input type="checkbox"/> L <input type="checkbox"/> |

**Ankle & Foot**

- |   |   |
|---|---|
| <input type="checkbox"/> Tibiotalar joint | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Subtalar joint   | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> First MTP joint  | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Plantar fascia   | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Achilles tendon  | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____     | R <input type="checkbox"/> L <input type="checkbox"/> |

**Electrodiagnostic Studies (EMG/NCS)**

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> Upper | R <input type="checkbox"/> L <input type="checkbox"/> |
| <input type="checkbox"/> Lower | R <input type="checkbox"/> L <input type="checkbox"/> |

**Nerve Blocks**

- Greater Occipital Nerve Block
- Sphenopalatine Block
- Suprascapular Nerve Block
- Intercostal Nerve Block
- Diagnostic Intra-articular Hip or
- Shoulder Block
- Lateral Cutaneous Nerve Block
- Pudendal Nerve Block
- Genicular Nerve Block

**Fascial Hydrodissection**

- Suboccipital ridge and upper trapezius
- Iliotibial band lateral release
- Psoas and adductors
- Hamstring and adductors
- Achilles tendon and calf

Other: \_\_\_\_\_

\*Please bring any prescribed joint medication (e.g. Cortisone, Synvisc, Cingal). These products are also available at our clinic at additional cost. Please do not hesitate to contact our clinic if you have any questions.