

**DATE OF REQUEST (D/M/Y):** \_\_\_\_\_ **APPT. DATE (D/M/Y):** \_\_\_\_\_ **TIME:** \_\_\_\_\_

## PATIENT INFORMATION

Name: \_\_\_\_\_  F  M  O Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth (D/M/Y): \_\_\_\_\_  
 AHC: \_\_\_\_\_ WCB: \_\_\_\_\_

## CLINICAL HISTORY

**Provide Assessment and Treatment Plan** *Beam may perform pre-intervention X-ray of the region of interest for guidance and/or to rule out underlying pathology when indicated*

## X-RAY (Walk-In, No Appointment Necessary)

Exam Requested:

## MSK ULTRASOUND

*(X-ray may be required if patient has not had an X-ray within the last 6 months or if the area has had recent trauma)*

Shoulder (Includes Rotator Cuff)  R  L  
 Elbow  R  L  
 Wrist/Carpal Tunnel  R  L  
 Hand/Finger  R  L  
 Hip  R  L  
 Knee (Includes Baker's Cyst)  R  L  
 Ankle/Achilles  R  L  
 Foot/Plantar Fascia  R  L  
 Ganglion  R  L  
 Muscle/Tendon  R  L

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

## ALLERGIES

Contrast Dye  Xylocaine  
 Other: \_\_\_\_\_

## MEDICATION

Anticoagulants (Plavix, Coumadin, Heparin)  
 Other: \_\_\_\_\_

## REFERRER INFORMATION

Name: \_\_\_\_\_ Prac ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## MSK PROCEDURES

*STEROID INJECTION PERFORMED UNLESS OTHERWISE INDICATED*

### SHOULDER

Acromioclavicular Joint  R  L  
 Biceps Tendon  R  L  
 Glenohumeral Joint  R  L  
 Sternoclavicular Joint  R  L  
 Subacromial Bursa  R  L

### ELBOW

Elbow Joint  R  L  
 Lateral Epicondyle  R  L  
 Medial Epicondyle  R  L  
 Olecranon Bursa  R  L

### WRIST/HAND

1st CMC/MCP  R  L  
 Carpal Tunnel  R  L  
 De Quervain's Tenosynovitis  R  L  
 Ganglion Cyst  R  L  
 Radiocarpal Joint  R  L  
 Trigger Finger  R  L

### OTHER

Ganglion cyst (other sites)  R  L \_\_\_\_\_  
 Tendon sheath injection  R  L \_\_\_\_\_  
 Peripheral nerve injection  R  L \_\_\_\_\_  
 Tenotomy  R  L \_\_\_\_\_  
 Rotator cuff lavage  R  L \_\_\_\_\_  
 Tendon neo-vessel injection  R  L \_\_\_\_\_  
 Unspecified procedure  R  L \_\_\_\_\_

### HIP AND PELVIS

Hip Joint  R  L  
 Greater Trochanteric Bursa  R  L  
 Iliopsoas Bursa  R  L  
 Ischial Bursa  R  L  
 Pubic Symphysis  R  L  
 SI Joint  R  L

### KNEE

Baker's Cyst Aspiration  R  L  
 Knee Joint  R  L  
 Other Site: \_\_\_\_\_

### ANKLE/FOOT

Tibiotalar Joint  R  L  
 Subtalar Joint  R  L  
 Talonavicular Joint  R  L  
 Calcaneocuboid Joint  R  L  
 1st MTP Joint  R  L  
 Morton's Neuroma  R  L  
 Plantar Fasciitis  R  L  
 Retrocalcaneal Bursa  R  L

## OTHER INJECTABLES – UNINSURED SERVICES

Platelet-Rich Plasma (PRP)  
 Viscosupplementation (Hyaluronic Acid)  
 Botox-Specify location: \_\_\_\_\_  
 Other Injectable

## REPORT OPTIONS

STAT Phone Report  
 Send Images with Patient  
 Copy to: \_\_\_\_\_

## PATIENT INFORMATION

### Booking an Appointment

- Please advise us of any mobility issues.
- Notify booking if you are diabetic.
- We require two business days notice if you wish to reschedule or cancel your appointment(s). Please call **587.885.2988**

### Day of Appointment

- Please remember to bring the requisition, your Alberta Health Care card and photo ID to your appointment.
- Please follow the appropriate exam preparation instructions below.

## EXAM PREPARATION INSTRUCTIONS

Please arrive **15-20 minutes** prior to your appointment time.

There are no food or drink restrictions. Please have a small snack prior to your appointment.

**Reduce any over-the-counter pain medication you may be taking on the day of your appointment.** We need you to be in enough discomfort to assess whether the procedure has effectively reduced your pain. If you are still in discomfort with your pain medication, you do not need to discontinue use.

Take all other medications as prescribed by your physician.

If you are on **anticoagulants** (Heparin, Plavix, Coumadin), you may be required to have an INR and potentially stop taking these prior to your appointment. Please discuss this with your Beam booking coordinator.

**ALL CORTICOSTEROID AND LOCAL ANESTHETIC ARE PROVIDED TO YOU AT YOUR APPOINTMENT.**

**IF YOUR DOCTOR HAS PRESCRIBED YOU WITH VISCOSUPPLEMENTATION MEDICATIONS (EX HYALURONIC ACID, ETC.) OR BOTOX, BEAM CAN SUPPLY THESE TO YOU FOR A REDUCED RATE AT OUR FACILITY. ALTERNATIVELY, YOU MAY BRING THESE WITH YOU TO YOUR APPOINTMENT.**

You cannot have an **active infection or being treated for an active infection** on the day of your procedure (ie. taking antibiotics).

If possible, have someone accompany you to your procedure. In case you are in discomfort, it may be necessary to have someone else drive you.

**You must bring a driver with you to your appointment if:**

- you are having a Radiofrequency Ablation, an epidural injection or a nerve root block.
- you are having multiple sites injected

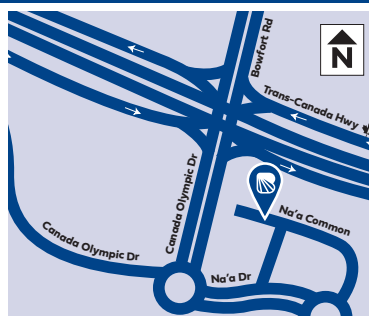
Failure to do so will result in your appointment being rescheduled.

It is normal to have an increase in your pain the day of and the day after your procedure.

## LOCATIONS



**Harvest Hills**  
Suite 201, 178 96 Ave NE,  
Calgary, AB T3K 6G4  
**Complimentary Parking**  
X-Ray, Ultrasound,  
Pain Management



**Trinity Hills**  
340 Na'a Common SW  
Calgary, AB T3H 6A3  
**Complimentary Parking**  
MRI, CT, X-Ray, Ultrasound,  
Pain Management



**Royal Oak**  
Suite 3170, 11 Royal Vista Dr NW,  
Calgary, AB T3R 0N2  
**Complimentary Parking**  
X-Ray, Ultrasound,  
Pain Management



**Canmore**  
Suite 108B, 1205 Bow Valley Tr  
Canmore, AB T1W 1P5  
**Complimentary Parking**  
Ultrasound, Pain Management