ULTRASOUND–GUIDED INJECTION REFERRAL

SHIELD CLINICS

Pain Management & Spine Care

"healing from within"

Dr. Sherif El-Maadawy MB B Ch, MSc, FRCP (C), Master-CIME, Physiatrist
Dr. Brian Loewen MD, CCFP, Dip. Sport Med.
Dr. I. El-Gouhary MB B Ch, LMCC, CCFP, Medication Management
Dr. O. Vicaruddin MD, CCFP, Medication Management

Patient Information

Patient Name:

Birth date (M/D/Y):

Address:

City:

Province: Postal Code:

Phone: Cell:

Email:

Gender: ☐ Male ☐ Female

PHN:

☐ Active WCB Claim Number:

Physician Information

Referring Physician:

PRACID:

Physician Address:

City:

Province: Postal Code:

Phone:

Email:

Fax:

Family Physician:

CLINICAL HISTORY

PROCEDURE REQUESTED

Therapy Choices

☐Diagnostic Block
☐Perineural Injection

☐Steroid / Cortisone*
☐Dextrose / Prolotherapy*
☐Ketorolac*

☐Viscosupplementation*
Specify: _____

☐Platelet-Rich Plasma*

☐Calcific Tendon Barbotage
☐Needle Tenotomy / Scarping

☐Other: _____

Shoulder

☐Glenohumeral joint	R☐	L☐
☐AC joint	R☐	L☐
☐Subacromial bursa	R☐	L☐
☐Biceps tendon sheaths	R☐	L☐
☐Supraspinatus tendon	R☐	L☐
☐Infraspinatus tendon	R☐	L☐
☐Other: _____	R☐	L☐

Elbow

☐Elbow joint	R☐	L☐
☐Olecranon bursa	R☐	L☐
☐Lateral epicondylosis	R☐	L☐
☐Medial epicondylosis	R☐	L☐
☐Other: _____	R☐	L☐

Wrist & Hand

☐Radiocarpal joint	R☐	L☐
☐First CMC joint	R☐	L☐
☐Carpal tunnel	R☐	L☐
☐De Quervain's	R☐	L☐
☐Trigger finger: _____	R☐	L☐
☐Other: _____	R☐	L☐

Hip & Pelvis

☐Hip joint	R☐	L☐
☐Symphysis pubis	R☐	L☐
☐Iliopsoas bursa	R☐	L☐
☐Trochanteric bursa	R☐	L☐
☐Ischial bursa	R☐	L☐
☐Piriformis muscle	R☐	L☐
☐Other: _____	R☐	L☐

Knee

☐Knee joint	R☐	L☐
☐Baker's cyst	R☐	L☐
☐Patellar bursa	R☐	L☐
☐Pes anserine bursa	R☐	L☐
☐Other: _____	R☐	L☐

Ankle & Foot

☐Tibiotalar joint	R☐	L☐
☐Subtalar joint	R☐	L☐
☐First MTP joint	R☐	L☐
☐Plantar fascia	R☐	L☐
☐Achilles tendon	R☐	L☐
☐Other: _____	R☐	L☐

If possible, please provide a list of current medications and relevant medical information.

*These products are available at our clinic at additional costs.

SHIELD CLINICS

Pain Management & Spine Care
"healing from within"

New Clinical Service Announcement:

Ultrasound-Guided Injection Clinic

Shield Clinics is pleased to announce an exciting new clinic and attached new referral form that expands our current comprehensive Musculoskeletal Care Pathway.

Ultrasound-guided injections have been shown to improve the accuracy of the injection, while providing a safe and comfortable experience to patients. Ultrasound-guided injections have been also associated with improved treatment efficacy and cost effectiveness. This was supported by the position statement of the American Medical Society for Sports Medicine (AMSSM) in 2015.

The **'Ultrasound-Guided Injection Clinic'** is now accepting referrals and we will strive to see patients as soon as possible. The mandate of this clinic is to provide a focused musculoskeletal assessment combined with the requested injection during the same appointment. This is to ensure that we provide the most suitable treatments for the patient and to improve clinical outcome. A follow-up appointment will also be arranged after the injection, to guide further management.

Please fill out the **Referral Form** and fax it to our clinic at **(780)666-2621.**

Please provide your patient with a copy of the completed Referral Form, including the second page, to be prepared for the injection appointment.

Please note that for the interest of patient care, the requested procedure may be altered, postponed and/or cancelled based on our clinical assessment.

SHIELD CLINICS

Pain Management & Spine Care
"healing from within"

Please note for the interest of patient safety and to improve clinical outcomes, the requested procedures may be altered, postponed and/or cancelled for any of the following reasons:

Needle Placement

Skin lesion and/or a breakdown over the targeted injection location
Recent local, remote and/or systemic infection
Patient unable to tolerate the procedure
Uncontrolled bleeding disorder

Cortisone Injection

A recent cortisone injection within three months in the same location
Any recent surgery within six weeks before and/or after the injection
A scheduled surgery within three months in the same location
Surgical hardware in the same anatomical location
Uncontrolled blood pressure or blood sugar
Immunocompromised patient
Pregnancy

Platelet-Rich Plasma (PRP) injection and/or Needle Tenotomy

Enrollment with our physiotherapy is required prior to Needle Tenotomy
A recent cortisone injection within three months in the same location
A recent cortisone injection within six weeks in any other location
Use of nonsteroidal anti-inflammatory drugs within two weeks
Use of CBD oil/medical marijuana within two weeks

Other

An alternative diagnosis or lack of confirmed diagnosis on assessment
No relief, allergic reactions, or side effects to the same previous procedure

Please do not hesitate to contact our clinic at (780)405-7520 if you have any questions.