



BGSA RADIOLOGY

PAIN MANAGEMENT

AN ESSENTIAL PART OF YOUR HEALTHCARE TEAM

1854 SOUTHVIEW DRIVE, MEDICINE HAT
BOOKING LINE: 403 527 7334 EXT 142
BOOKING FAX: 403 527 9148

PATIENT INFORMATION

NAME: _____
DOB _____
ADDRESS _____
CITY/PROVINCE _____
PHONE _____
WORK PH _____
AHC# _____
WCB# _____

APPOINTMENT DATE: _____
TIME _____

PATIENT DETAILS

MEDICATIONS:

ANTICOAGULATION Y N TYPE _____

ALLERGIES

LOCAL ANAESTHETIC Y N X-RAY CONTRAST Y N

PATIENT DETAILS

PREGNANT Y N LMP _____

RELEVANT IMAGES & RESULTS _____ ATTACHED _____

PREVIOUS PM injections Y N

When _____ Where _____

RELEVANT HISTORY/ SPECIAL INSTRUCTIONS

THERAPY SITE REQUESTED

TRANSPORTATION

IF YOU ARE HAVING A PROCEDURE INVOLVING THE SPINE, NECK, SI JOINTS OR MUSCLE BLOCKS, WE ASK THAT YOU ARRANGE TRANSPORTATION AFTER THE PROCEDURE IS COMPLETE

SYNVISC OR DUROLANE MUST BE SUPPLIED BY THE PATIENT

SPECIFIC JOINT OR AREA:

MEDIAL BRANCH BLOCK

CERVICAL R L LEVEL _____

THORACIC R L LEVEL _____

LUMBAR R L LEVEL _____

INTERLAMINAR EPIDURAL LEVEL _____

TRANSFORAMINAL EPIDURAL LEVEL _____

OTHER AREA _____

SHOULDER

SUBACROMIAL BURSA R L
GLENOHUMERAL JOINT R L
AC JOINT R L
BICEPS TENDON (LONG HEAD) R L

ELBOW JOINT R L

LATERAL EPICONDYLE R L
MEDIAL EPICONDYLE R L
OLECRANON BURSA R L

WRIST/HAND

RADIOCARPAL JOINT R L
1ST CMC JOINT R L
CARPAL TUNNEL R L
TRIGGER FINGER R L
OTHER _____ R L

KNEE JOINT R L

BAKER'S CYST R L

HIP & PELVIS

HIP JOINT R L
SI JOINT R L
GREATER TROCHANTERIC BURSA R L

ANKLE/FOOT

TIBIOTALAR JOINT R L
SUBTALAR JOINT R L
TALONAVICULAR JOINT R L
CALCANEOCUBOID JOINT R L
1ST MTP R L
RETROCALCANEAL BURSA R L
PLANTAR FASCIA R L

REFERRING PHYSICIAN _____

COPIES TO _____

REPEATS FOR PROCEDURE (S) YES NO

NUMBER OF TIMES PER YEAR _____