BGSA RADIOLOGY

BROOKS SITE

AN ESSENTIAL PART OF YOUR HEALTHCARE TEAM

220 4th ST WEST, BROOKS
BOOKING LINE**:** 403 794 - 4330
BOOKING FAX: 403 794 - 4339

APPOINTMENT DATE:_____TIME:_____

FOR ALL EXAMINATIONS, PLEASE REPORT TO BGSA APPROX.
15 MINUTES BEFORE YOUR APPOINTMENT TIME

PLEASE HAVE ALL PERTINENT INFORMATION FILLED IN AND BRING THIS FORM TO YOUR APPOINTMENT.
BRING A VALID HEALTH CARE CARD.
CHILD CARE IS NOT PROVIDED, PLEASE MAKE ALTERNATE ARRANGEMENTS

Name:_____

Address_____

Postal Code:_____

Phone Number_____

Date of Birth_____

ACH#_____

Third Party Billing_____

Gender ☐ Male ☐ Female ☐ Other

DO NOT USE THIS SPACE

HEALTH CARE CARD HERE

WCB CLAIM YES/ NO

CLAIM #_____

DATE:

CAROTID DOPPLER EXAM

NO	YES		NO	YES	
☐	☐	SPEECH DIFFICULTY	☐	☐	BRUITS LT.
☐	☐	WEAKNESS/ NUMBNESS	☐	☐	BRUITS RT.
☐	☐	DIZZINESS	☐	☐	HYPERTENSION
☐	☐	LIGHT HEADEDNESS	☐	☐	DIABETES
☐	☐	BLACKOUTS	☐	☐	PREVIOUS MI
☐	☐	MEMORY IMPAIRMENT/ CONFUSION	☐	☐	ANGINA
☐	☐	BLURRED VISION	☐	☐	STROKE
☐	☐	PARTIAL/ COMPLETE BLINDNESS	☐	☐	TIAs
☐	☐	UNUSUAL HEADACHES	☐	☐	CAROTID ANGIO DATE_____
☐	☐	SMOKING	☐	☐	CAROTID SURGERY DATE_____

Referring Physician_____

Copies_____