

PATIENT REFERRAL FORM



ACCESS

FAX REFERRALS TO:
(587) 387-3158

PATIENT INFORMATION

Last Name:	First Name:
Birthdate: MM/DD/YYYY	PHN:
Email:	
Address: (Street, City, Province, Postal Code)	
Phone:	Alt. Phone:
Gender:	WCB # :

REFERRING PROVIDER

Clinic Name:		
Referring Provider:		
Practitioner ID:		
Address: (Street, City, Province, Postal Code)		
Request Date:	Fax:	Ph:
Additional Copies To:		

REFERRAL INFORMATION

PRIMARY COMPLAINT/CLINICAL CONCERN (PROVIDE HISTORY AND RELEVANT CLINICAL FINDINGS)

DATE OF INJURY

MM/DD/YYYY

GRADUAL ONSET

SIDE

- RIGHT
 LEFT
 BILATERAL

AREA OF BODY

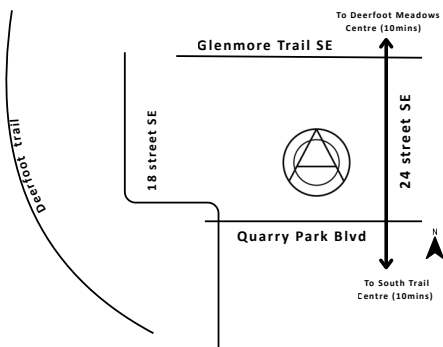
- Shoulder
 Hip
 Cervical Spine
 Other: _____
 Elbow
 Knee
 Thoracic Spine
 Hand/Wrist
 Foot/Ankle
 Lumbar/Sacral Spine

PROVIDER SPECIALTY REQUEST

- Physiatry
 Surgeon*
 Specific Physician _____

***Please note:** All surgical referrals are assessed through triage. If surgical consultation is appropriate, patients are matched with the best-suited provider and necessary diagnostic tests are coordinated in advance to support timely treatment.

CLINIC INFORMATION



Location: Suite 200 - 110 Quarry Park Blvd SE, Calgary, AB, T2C 3G3

Parking: Free surface level parking (Please ignore any Impark Signage- it does not apply)

Coverage: Assessments are covered by Alberta Health Care with a valid provincial health care card. Please note we do not accept WCB cases for chronic issues.

Diagnostic Imaging is not required for referral. Advanced imaging such as MRI, MRA and CT scan can be ordered by our team when required.

ACCESS ORTHOPAEDICS | PHYSIATRY | PHYSIOTHERAPY

Phone: (587) 355-3090 | Fax: (587) 387-3158 | Website: www.accessorthopaedics.ca