

Patient & appointment information

Name _____

Address _____

City _____ Province _____ Postal code _____

Home phone _____ Other phone _____

Date of birth _____ AHC#/WCB# _____

Administrative gender ☐ M ☐ F

Identifying gender ☐ M ☐ F ☐ Nonbinary

Referring physician

Name _____

Clinic _____

Phone _____

Fax _____

Copy to Dr. _____

PRAC ID _____ Order date _____

Coverage

☐ AB Provincial

☐ Out of province

☐ Industrial

☐ WCB

☐ Self pay

☐ Refugee

☐ Other: _____

SIGNATURE

CLINICAL SYMPTOMS

Repeat _____ x per year (up to 3)

MEDICAL HISTORY

☐ Anticoagulation

☐ Lidocaine allergy

☐ Diabetic

☐ Contrast allergy

☐ Latex allergy

☐ Limited mobility

ADD PRELIMINARY IMAGING

☐ Ultrasound

☐ X-ray

☐ X-ray and ultrasound

UNINSURED SERVICES

Platelet Rich Plasma (PRP) - Side: ☐ L ☐ R

Target site: _____

Radiologist will protocol procedure modality. Prior MRI or Ultrasound is required for all non-joint requests

VISCOSUPPLEMENTATION

Side: ☐ L ☐ R ☐ B

☐ Cingal (Monovisc + steroid)

☐ Monovisc 2mg (small joints)

☐ Monovisc 4mg (large joints)

☐ Durolane

JOINT

☐ Hip (4cc syringe)

☐ Knee (4cc syringe)

☐ Shoulder (4cc syringe)

☐ Small joint (2cc syringe)

☐ Other (specify): _____

*Please note Botox, PRP, and viscosupplementation are not covered by the Alberta Health Services Plan.

Rapid Access Request ACUITY: ☐ STAT ☐ URGENT

Reason for rapid access request _____

Therapy Site Requested

- ☐ I agree to allow the radiologist to use their discretion respecting the specific target site and laterality if the imaging and clinical findings on the patient's appointment date support a decision to inject elsewhere.
- ☐ Contact my office and request a new requisition if the patient presents to Shift Imaging desiring a different target site/side than what was ordered. Standing orders for the incorrect site will be canceled.

SHOULDER

☐ Subacromial bursa ☐ L ☐ R

☐ Glenohumeral joint ☐ L ☐ R

☐ AC joint ☐ L ☐ R

☐ Biceps tendon ☐ L ☐ R

☐ Tendon calcification ☐ L ☐ R

☐ Arthrodistension (frozen shoulder) ☐ L ☐ R

☐ Sternoclavicular joint ☐ L ☐ R

ELBOW

☐ Elbow joint ☐ L ☐ R

☐ Lateral epicondyle ☐ L ☐ R

☐ Medial epicondyle ☐ L ☐ R

☐ Olecranon bursa ☐ L ☐ R

☐ Cubital tunnel ☐ L ☐ R

WRIST AND HAND

☐ Radiocarpal joint ☐ L ☐ R

☐ 1st CMC joint ☐ L ☐ R

☐ Carpal tunnel ☐ L ☐ R

☐ De Quervain's ☐ L ☐ R

☐ Flexor/trigger ☐ L ☐ R

☐ Ganglion cyst ☐ L ☐ R

☐ Small joint (specify): _____

OTHER JOINT/TENDON/BURSA

☐ Other, specify: _____

HIP, PELVIS, SI JOINTS

☐ Hip joint ☐ L ☐ R

☐ SI joint ☐ L ☐ R

☐ Greater troch bursa ☐ L ☐ R

☐ Iliopsoas bursa ☐ L ☐ R

☐ Ischial bursa ☐ L ☐ R

☐ Symphysis pubis ☐ L ☐ R

☐ Meralgia paresthetica ☐ L ☐ R

☐ Piriformis syndrome ☐ L ☐ R

KNEE

☐ Knee joint ☐ L ☐ R

☐ Bakers cyst ☐ L ☐ R

☐ Pes anserine bursa ☐ L ☐ R

FOOT AND ANKLE

☐ Ankle joint ☐ L ☐ R

☐ Achilles tendon ☐ L ☐ R

☐ First MTPJ ☐ L ☐ R

☐ Retrocalcaneal bursa ☐ L ☐ R

☐ Subtalar joint ☐ L ☐ R

☐ Plantar fascia ☐ L ☐ R

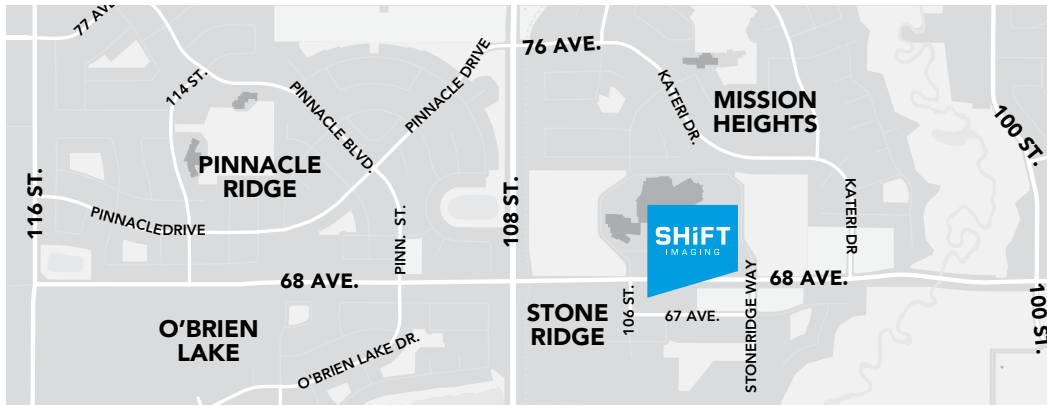
☐ Ganglion cyst ☐ L ☐ R

☐ Posterior tibial nerve ☐ L ☐ R

☐ Morton's neuroma ☐ L ☐ R

☐ Small joint (specify): _____

All selections are corticosteroid unless otherwise specified in the history.



Location

Unit 103 - 10514 - 67 Ave
Grande Prairie, T8W 0K8

Tel: 1-587-495-9817

Fax: 1-587-316-0834

Email: info@shiftimaging.ca

Web: www.shiftimaging.ca

Parking: Plenty of free parking is available onsite

Exam preparation

Please refer to www.shiftimaging.ca for complete instructions.

Pain management

Arrive 15 minutes before your appointment time.

- If you are unable to keep your appointment, please contact us 24 hours prior to your appointment at (587) 495-9817 or e-mail info@shiftimaging.ca. If an appointment is not cancelled at least 24 hours in advance of your scheduled appointment, you will be charged a twenty-five dollar (\$25) fee. Please note this will not be covered by your insurance company.
- We are unable to accommodate patients in a wheelchair unless the patient has an attendant.
- Please make reception aware of all patient's requirements such as language assistance (other than English), has a hearing impairment, is an assisted adult, has diabetic needs, has allergies (ex. Latex), has a catheter, is in or requires a wheelchair, or any other requirement.
- Remember to bring your Requisition, your Provincial Health Care Card, and Photo ID.
- Our facility is not able to provide child care services, please ensure to arrange child care during your appointment times.

Please refrain from smoking prior to your exam. Wear comfortable, breathable and lightweight clothing that provides easy access to the area of concern. You may be provided with a gown depending on the procedure.

GENERAL PAIN MANAGEMENT

The majority of these procedures are either performed laying on your back or sitting comfortably in a chair. Tell your doctor if you have a latex or contrast (iodine) allergy, are diabetic and/or taking antibiotics, blood thinners, fear or needles, are prone to fainting, or if you have mobility issues that will require additional preparation time at the facility.

VISCOSUPPLEMENTATION

All medicines must be obtained prior to your appointment. You may either purchase from your local Pharmacist or directly from Shift Imaging. There is no fee associated with the injection.

PLATELET RICH PLASMA

This service is offered in partnership with Orthopedic Surgery Associates, located across the hall. Patients should consider a trial of corticosteroid

injection to determine a potential response to treatment. Most patients often encounter worsening of their symptoms the week following the procedure, with a gradual improvement. A diagnostic ultrasound is required prior to this procedure.

X-rays

X-ray services are rendered on a walk-in basis and, while no appointment is necessary, patients will be addressed in order of arrival. You will need to produce your requisition on arrival, electronic copies captured on a mobile device are acceptable so long as the entire form is captured. Inform your practitioner immediately if you are pregnant or suspect that you are pregnant, as x-ray radiation is harmful to the unborn baby and can result in birth defects.

Generally, no special preparation is necessary for this procedure. You'll be asked to remove any accessories, jewelry, clothing or other items that might impede optimal X-ray performance. In the event that you are required to remove your clothing, a gown will be provided. Women between the ages of 11 and 55 will be asked whether they may be or are pregnant; should they answer yes, proceedings will be halted and the necessary alternative action taken.

Lead shielding will be used to obscure body parts not relevant to this examination. Your technologist will position you in one or more ways throughout the course of the examination, in order to obtain the relevant images.

Ultrasound

Please refrain from smoking prior to all ultrasound exams. Some MSK exams require an X-ray of the area of concern prior to the ultrasound. This allows the radiologist to correlate the soft tissue findings of the ultrasound with the bones of the joint being examined.

MUSCULOSKELETAL EXAMS

Take all prescription medications as instructed. Your skin should be kept clean and free of body oils, moisturizers and powders. Your clothing should be lightweight, comfortable and suitable for easy access to the skin of the area to be studied.

Please visit www.shiftimaging.ca for further information and a complete list of instructions.