Canadian Radiology Center

PAIN MANAGEMENT
ULTRASOUND GUIDED PROCEDURES

TARADALE LOCATION
6520 Falconridge Blvd NE #530,
Calgary, AB, T3J 3W6
Phone: 403-475-3800
Fax: 403-475-3802

NOLAN HILL LOCATION
155 Nolanridge Ct NW #210,
Calgary, AB, T3R 1W7
Phone:587-755-0011
Fax:587-755-0012

PATIENT INFORMATION

Date of Request (D/M/Y): _____ Home Phone: _____
Name: _____ ☐ Female ☐ Male Other Phone: _____
Address: _____ Date of Birth(D/M/Y): _____
City: _____ Province: _____ Postal Code: _____ AHC or WCB #: _____

PATIENT HISTORY

_____

☐ Urgent **REPEATS FOR PROCEDURES** ☐ Yes ☐ No

REFERRING PHYSICIAN INFORMATION

Name: _____ Practitioner's ID/Stamp:
Copy to: _____ WCB - Alberta
Phone: _____ Fax: _____
Address: _____ Signature: _____

PATIENT HISTORY

PREEXISTING CONDITIONS

☐ Diabetes
☐ Bleeding Disorders
☐ Immune Compromised
☐ Other: _____

MEDICATIONS

☐ Coumadin ☐ Eliquis
☐ Plavix ☐ Heparin/LMWH
☐ Xarelto ☐ ASA
☐ Other: _____

ALLERGIES

☐ Xylocaine ☐ Corticosteroids
☐ Latex ☐ Other: _____

INJECTION INFORMATION

☐ Anesthetic ☐ Corticosteroids
☐ Other: _____

ULTRASOUND GUIDED PAIN THERAPY

SHOULDER

Subcromial Bursa	☐ R	☐ L
Glenohumeral Joint	☐ R	☐ L
AC Joint	☐ R	☐ L
Biceps Tendon (long head)	☐ R	☐ L

ELBOW

Elbow Joint	☐ R	☐ L
Lateral Epicondyle	☐ R	☐ L
Medial Epicondyle	☐ R	☐ L
Olecranon Bursa	☐ R	☐ L

WRIST & HAND

Carpal Tunnel Syndrome	☐ R	☐ L
Joint: Site: _____	☐ R	☐ L
Tenosynovitis Site: _____	☐ R	☐ L
Trigger Finger Site: _____	☐ R	☐ L
Ganglion Cyst Site: _____	☐ R	☐ L

KNEE

Knee Joint	☐ R	☐ L
Baker's Cyst	☐ R	☐ L

HIP & PELVIS

Hip Joint	☐ R	☐ L
Greater Trochanteric Bursa	☐ R	☐ L
Iliopsoas Bursa	☐ R	☐ L
Ischial Bursa	☐ R	☐ L
Symphysis Pubis	☐ R	☐ L

ANKLE & FOOT

Joint: Site:	☐ R	☐ L
Plantar Fascia	☐ R	☐ L
Ganglion Cyst	☐ R	☐ L
Morton's Neuroma	☐ R	☐ L
Bursa	☐ R	☐ L

OTHER

Tenotomy site: _____	☐ R	☐ L
Other: _____	☐ R	☐ L

ULTRASOUND GUIDED TISSUE SAMPLING

SAMPLE TYPE

☐ Thyroid FNA
☐ Breast (FNA, Core Biopsy)
☐ FNA / Core Biopsy Other: _____
☐ Fluid Aspiration. Site: