MEDICAL IMAGING

SPHENOPALATINE GANGLION BLOCK (SPG)

REQUISITION

Central Booking

Ph 780.450.1500 Toll Free 1.800.355.1755
Fax 780.450.9551 | mic.ca

CONSUMER CHOICE AWARD 2019 NORTHERN ALBERTA 8 YEAR WINNER

Name: ______________________________

Address: ______________________________

Phone Res: ____________ Other: ____________

Date of Birth: mm/dd/yyyy ____________ Age: ______ O Male O Female

PHN: ____________ WCB (Y / N) Other: ____________

Appointment Details

Date: ____________

Time: ____________

Clinic Location: ____________

ALL EXAMINATIONS Please bring your Health Care card and another piece of identification with this form.

Locations **Hys Medical Centre** 202-11010 101 ST NW • **Tawa Centre** 200-3017 66 ST NW – ***More locations to come***

Significant Clinical History

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(requisition valid x 1 year from first appointment)

Date of L.M.P: ____________

Pregnant: O Yes O No

Patient's Signature: ____________

Please select from these patient indications:

O Chronic and Episodic Migraines O Cluster Headaches O Trigeminal Neuralgia and Neuritis O Post Root Canal Pain
O Post Traumatic Facial Pain

Tension headaches are not responsive to SPG blocks.

Screening questionnaire to determine if your patient is an appropriate candidate for success with an SPG Block:

1. Do you have a headache at the present time? *(If the answer is yes, please answer questions A through C)*

A. Is this your first severe headache? O Yes O No
B. Is this the absolute worse headache you've ever experienced? O Yes O No
C. Is this headache significantly different from any of your previous headache patterns? O Yes O No

If the answer to any of the above questions is **YES**, potential secondary causes of headache should be investigated and the patient should **not** be referred for an SPG block. **If all answers are NO, please continue.**

2. In cases where the indication is migraine or cluster headache:

A. Are the headaches describes as pulsing or throbbing? O Yes O No
B. Does the intensity of the headache get worse with position (i.e. bending over)? O Yes O No
C. Does the intensity of the headache increase with exertion? O Yes O No

If the answer to the above three questions is **NO**, the SPG block will **not likely** benefit your patient.
If YES, please continue.

3. How long has the patient been experiencing symptoms? ____________
If less than 90 days, an SPG block may not yet be indicated until further workup.

4. What investigations have been completed to diagnose these headaches?

____

____

____

5. What medications are currently used for symptom/headache control?

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____

The device required for this procedure is available from MIC at cost.

Practitioner's Name: ____________

Practitioner's Address: ____________

Clinic Ph: ____________ Clinic Fax: ____________

Copy to: ____________ Fax Copy: ____________

Signature: ____________

Practitioner's Stamp & Practice ID

Official Diagnostic Imaging Provider for: