



Name: _____

Address: _____

Phone Mobile: _____ Phone Other: _____

Date of Birth: dd/mm/yyyy Age: _____ ☐ Male ☐ Female ☐ Non-binary

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

Appointment Details

Date: dd/mm/yyyy

Time: _____

Clinic Location: _____

Refer to Preparation Instructions on Reverse

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

Locations – For clinic hours of operation, please visit mic.ca

Edmonton
Century Park
201-2377 111 ST NW

Gateway Clinic
107-6925 Gateway Blvd NW
Hys Medical Centre
202-11010 101 ST NW

Heritage Valley
Town Centre
2903-119A ST SW

Lakewood
201-7319 29 AVE NW
Manning Town Centre
15425 37 ST NW

Terra Rosa
9566 170 ST NW
Windermere
201-6103 Currents DR NW

Sherwood Park
Synergy Wellness
Centre
109-501 Bethel DR

St. Albert
Summit Centre
102-200 Boudreau RD

Significant Clinical History

Referring Practitioner ☐ Standing Order

Extremity Interventions

May require further imaging and/or consultation which will be arranged on your behalf. The treatment may be altered accordingly by the treating physician(s).

Hip and Pelvis

R L

Hip Joint ☐ ☐

Greater Trochanteric Bursa ☐ ☐

Iliopsoas Bursa ☐ ☐

Ischial Bursa ☐ ☐

Piriformis ☐ ☐

Sacroiliac Joint ☐ ☐

Symphysis Pubis ☐ ☐

Knee

R L

Knee Joint ☐ ☐

Baker's Cyst ☐ ☐

IT Band ☐ ☐

Pes Anserine Bursa ☐ ☐

Ankle and Foot

R L

Tibiotalar Joint ☐ ☐

Subtalar Joint ☐ ☐

Calcaneocuboid Joint ☐ ☐

Talonavicular Joint ☐ ☐

TMT: 1 2 3 4 5 (Circle) ☐ ☐

MTP: 1 2 3 4 5 (Circle) ☐ ☐

Morton's Neuroma ☐ ☐

Plantar Fascia ☐ ☐

Achilles Tendon ☐ ☐

Retrocalcaneal Bursa ☐ ☐

Other: _____ ☐ ☐

Shoulder

R L

Glenohumeral Joint ☐ ☐

Subacromial Bursa ☐ ☐

AC Joint ☐ ☐

Biceps Tendon (long head) ☐ ☐

Calcific Tendinitis (barbotage) ☐ ☐

Arthrodistraction (frozen shoulder) ☐ ☐

Sternoclavicular Joint ☐ ☐

Elbow

R L

Elbow Joint ☐ ☐

Olecranon Bursa ☐ ☐

Medial Epicondyle ☐ ☐

Lateral Epicondyle ☐ ☐

Wrist and Hand

R L

Radiocarpal Joint ☐ ☐

1st CMC ☐ ☐

MCP: 1 2 3 4 5 (Circle) ☐ ☐

PIP: 1 2 3 4 5 (Circle) ☐ ☐

DIP: 1 2 3 4 5 (Circle) ☐ ☐

Trigger Finger: 1 2 3 4 5 (Circle) ☐ ☐

De Quervain's tenosynovitis ☐ ☐

Ganglion Cyst ☐ ☐

Carpal Tunnel ☐ ☐

STT/Triscape Injection ☐ ☐

Other

R L

Ganglion ☐ ☐

Barbotage (calcific tendinitis) ☐ ☐

Peripheral Nerve ☐ ☐

Tenotomy ☐ ☐

Tendon Sheath ☐ ☐

(Please Specify) _____

Spine Interventions

May require further imaging and/or consultation which will be arranged on your behalf. The treatment may be altered accordingly by the treating physician(s).

Specify procedure and then check appropriate level below.

Mechanical/Focal Pain

☐ Facet(s)

☐ RFA (Neurotomy or Rhizotomy)
*will undergo MBB first

Radicular Pathway

☐ Nerve Root Block
(TFESI - Transforaminal Epidural Steroid Injection)

R

L

☐ C2/3 ☐

☐ C3/4 ☐

☐ C4/5 ☐

☐ C5/6 ☐

☐ C6/7 ☐

☐ C7/T1 ☐



R

L

☐ C2 ☐

☐ C3 ☐

☐ C4 ☐

☐ C5 ☐

☐ C6 ☐

☐ C7 ☐

☐ C8 ☐

☐ T1/2 ☐

☐ T2/3 ☐

☐ T3/4 ☐

☐ T4/5 ☐

☐ T5/6 ☐

☐ T6/7 ☐

☐ T7/8 ☐

☐ T8/9 ☐

☐ T9/10 ☐

☐ T10/11 ☐

☐ T11/12 ☐

☐ T12/L1 ☐



☐ T1 ☐

☐ T2 ☐

☐ T3 ☐

☐ T4 ☐

☐ T5 ☐

☐ T6 ☐

☐ T7 ☐

☐ T8 ☐

☐ T9 ☐

☐ T10 ☐

☐ T11 ☐

☐ T12 ☐

☐ L1/2 ☐

☐ L2/3 ☐

☐ L3/4 ☐

☐ L4/5 ☐

☐ L5/S1 ☐



☐ L1 ☐

☐ L2 ☐

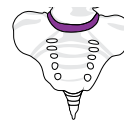
☐ L3 ☐

☐ L4 ☐

☐ L5 ☐

Sacroiliac Joint

☐ R ☐ L



☐ S1 ☐

☐ S2 ☐

☐ Epidural

☐ Piriformis

☐ R ☐ L

☐ Coccydynia
(ganglion impar)

☐ R ☐ L Lumbosacral pseudoarticulation

☐ R ☐ L Synovial Cyst Rupture

☐ R ☐ L Pudendal Nerve Block

Practitioner's Name: _____

Practitioner's Address: _____

Clinic Ph: _____ Clinic Fax: _____

Copy to Dr: _____ Fax Copy To: _____

Signature: _____ Date: _____

Practitioner's Stamp
& Practice ID

Official Diagnostic Imaging Provider for:



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

If you have any questions about your exam, exam preparation, or need to change, or cancel your appointment, please contact Central Booking.

***For all examinations (except ultrasound):**

1. **If it has been more than 28 days since the start of your last period, please confirm with the technologist that you are not pregnant.**
2. **Some continuous glucose monitoring devices recommend removing the glucose monitor for all radiation imaging exams, while others specify that you only need to remove the device if it is in the direct beam. Some devices say that you don't need to remove them at all. Before scheduling a medical imaging exam at MIC, we recommend that all diabetic patients refer to their glucose monitoring device instructions so they can coordinate their appointment around the replacement of their device. If you are unsure if you will receive radiation during your appointment, please call our Central Booking team at 780-450-1500.**

Pain Management

- ☐ Please arrive 15-20 minutes prior to your appointment time.
- ☐ If it is your first time to have an injection to a new treatment area, reduce any pain medication the day of your appointment. You should be in enough discomfort (but not extreme) so you are able to determine if the pain has been relieved immediately following your injection.
 - ☐ For some injections, you will need to stop all pain medications beforehand; you will be given specific instructions if this applies to you.
- ☐ Please inform us of any blood thinning medication you are taking when booking your appointment.
 - ☐ For lumbar spine facet injections: If you are taking Coumadin/Warfarin, you will continue to take your blood thinners regularly. Then, have a "STAT" INR blood test done late in the morning on the day before your exam. We will be able to obtain the results. The results of your INR will indicate whether it is safe to have the procedure. Your doctor must order the blood test for you.
 - ☐ For all other spine procedures (nerve root, epidural, MBB/RFA): If you are taking Coumadin/Warfarin, you will need to discontinue taking this medication 5 days prior to the procedure. Then have a "STAT" INR blood test done late in the morning on the day before your exam. We will be able to obtain the results. The results of your INR will indicate whether it is safe to have the procedure. You should check with your doctor to see if it is safe to stop taking your blood thinners for this short time. Your doctor must order the blood test for you.
- ☐ Take all other medications, as prescribed by your practitioner. Bring a list of the medications you are taking.
- ☐ Bring a list of medications you are allergic to.
- ☐ You cannot have an active infection or be on treatment for an active infection on the day of your exam. If you have an active infection, your exam may need to be rescheduled.
- ☐ MIC provides cortisone at no charge to patients. Viscosupplementation is available from MIC at cost. Platelet-Rich Plasma has a fee for service.
- ☐ If applicable, bring any joint medication (e.g. Synvisc, Cingal, etc.) you have purchased for this procedure. These products are not supplied by MIC.
- ☐ Once the procedure is completed, a technologist may ask that you wait for 20 minutes so we can re-evaluate your pain level before you leave.
- ☐ After your injection, you are advised to not engage in strenuous activity using the injected joint for the next two days (exception: if you are having an MBB/LBB performed there are no restrictions on activity).
- ☐ **A driver is required:** when you are having a Nerve Root Block, Caudal Epidural Injection, or RFA.
- ☐ Serious complications are very rare, but can happen. It is normal to have some increased pain the day of or the day after your injection. However, if the pain worsens day after day, or you experience fever/chills or any other signs of infection, or develop new numbness in your limbs the day after your injection, contact your practitioner immediately.
- ☐ Please do not bring children who require supervision, as we are unable to look after them.
- ☐ For Nerve Root Standing Orders – these can be performed up to once every two months, with a maximum total of six times per year.

Locations – For clinic hours of operation, please scan the QR code or visit mic.ca



Edmonton

Century Park

201-2377 111 ST NW

Fax: 780.665.4289

Gateway Clinic

107-6925 Gateway Blvd NW

Fax: 1.866.815.1715

Heritage Valley Town Centre

2903-119A ST SW

Fax: 780.665.7063

Hys Medical Centre

202-11010 101 ST NW

Fax: 780.424.7780

Lakewood

201-7319 29 AVE NW

Fax: 780.461.7527

Manning Town Centre

15425 37 ST NW

Fax: 780.665.7276

Terra Losa

9566 170 ST NW

Fax: 1.877.543.8044

Windermere

201-6103 Currents DRNW

Fax: 1.888.442.2136

Sherwood Park

Synergy Wellness Centre

109-501 Bethel DR

Fax: 780.392.1268

St. Albert

Summit Centre

102-200 Boudreau RD

Fax: 780.459.2376

Partnered with

