Joint injection clinic

1428 Ouellette Avenue, suite 302, Windsor, Ontario, N8X 1K4

Tel. 226-605-6060 Fax. 519-915-4915
www.jointinjections.ca

REFERRAL FORM

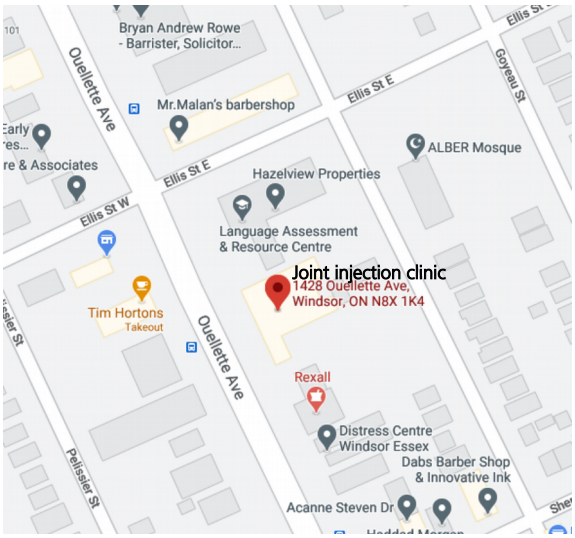
Patient's last name			Patient's first name	
Address			Date of birth (DD / MM / YYYY)	
City	Prov	Postal code	Phone #	Cellphone #
Health card #				
Referring physician:			Referring physician CPSO#:	
Address:				
Phone #:			Fax #:	
Physician signature:				
CC report to:				
Clinical history: Medical history:				

Joints:

L	R	Bil		
☐	☐	☐	Knee	(arthritis, bursitis)
☐	☐	☐	Shoulder	(arthritis, impingement, rotator cuff)
☐	☐	☐	Wrist	(arthritis, carpal tunnel, de Quervain)
☐	☐	☐	Hand & finger	(arthritis, trigger finger, Duputryen)
☐	☐	☐	Elbow	(epicondylitis, tennis elbow)
☐	☐	☐	Trochanter	(trochanteric bursitis)
☐	☐	☐	Foot & ankle	(arthritis, plantar fasciitis, Morton's neuroma)

☐Trigger point injections

☐ relevant imaging studies attached



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Dr. B. Kaczmarek, MD
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