



10507 - 109 Street NW

Edmonton, Alberta, T5H 3B1 Telephone - 780.250.6842

Fax - 780.244.6842

Sport and Exercise Medicine Physician Referral Form – Fax completed form to: 780-244-6842

To avoid delays, this form must be **completed in full.**

**Please do not send referrals for WCB or MVA cases – they will not be accepted.**

**Dr. Connie (Constance) Lebrun and Dr. Terry (Teresa) De Freitas**

For Clinic Use Only

Appt Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appt Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next Available Appointment**

**Urgent Appointment**

**Specific Physician**

**Patient Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Gender:** | **DOB (DD/MM/YYYY):** | **PHN:** |
| **Address:** | | | |
| **Phone Number:** | | **Email:** | |

**Clinical Details:**

**Injury Date (DD/MM/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Body Part(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Is this the result of a work related or MVA injury(Y/N)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_Acute Injury (<4 weeks)

\_\_\_\_\_Flare-up of Pre-Existing

\_\_\_\_\_Chronic Condition

1. **Mechanism/type of injury (e.g. Tear, dislocation, sprain):**
2. **Functional limitations/symptoms:**
3. **Pertinent medical history:**
4. **Specific referral questions:**

**If imaging has been completed, please indicate below and forward all reports/results to our office.**

**X-ray CT Ultrasound MRI Bone Scan N/A**

**NOTE: IMAGING IS NOT NECESSARY PRIOR TO REFERRING A PATIENT FOR CONSULTATION**

**Referring Health Professional Information:**

**Name(Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRACID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

