MacEwan
University Health Centre

10507-109Street 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

☐ **Next Available Appointment**

☐ **Urgent Appointment**

☐ **Specific Physician**

For Clinic Use Only
Appt Date:_____
Appt Time:_____
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:**_____