

PAIN MANAGEMENT



780-705-9982

GLENWOOD RADIOLOGY
(Located on Stony Plain Rd.)

Unit 107, 16028 – 100 A Ave.
Edmonton, Alberta T5P 0M1

Fax: 780-705-9983
info@glenwoodradiology.com

REV. 2018/11/30

PATIENT & APPOINTMENT INFORMATION

Name			Email	
Address				
City	Province	Postal Code		
Home #	Cell #	Work #		
DOB	MM/DD/YY	Age	<input type="radio"/> Male <input type="radio"/> Female	Weight (lbs/kg)
PHN #	WCB# / Accident Date		MM/DD/YY	

APPT. DATE:

MM/DD/YY

TIME:

ARRIVE
15 MIN
EARLY

ALLERGIES X-ray Contrast / Dye Other (Our clinic is a latex free environment)

MEDICATION Anticoagulation ASA Other

ASSESSMENT Further assess patient to develop treatment plan

REHABILITATION Arrange post-procedure physical rehabilitation

REPEAT Repeat all Instructions No. of Times MD Initials

PERIPHERAL PROCEDURES

THERAPY TYPE

Steroid

Monovisc®* / Orthovisc

SHOULDER

<input type="radio"/> Shoulder (not specified)	R	L
<input type="radio"/> Subacromial Bursa	R	L
<input type="radio"/> Glenohumeral Joint	R	L
<input type="radio"/> AC Joint	R	L
<input type="radio"/> Biceps Tendon (long head)	R	L
<input type="radio"/> Tendon Calcification	R	L

ELBOW

<input type="radio"/> Elbow Joint	R	L
<input type="radio"/> Lateral Epicondylitis	R	L
<input type="radio"/> Medial Epicondylitis	R	L
<input type="radio"/> Olecranon Bursa	R	L

WRIST & HAND

<input type="radio"/> Radiocarpal Joint	R	L
<input type="radio"/> 1st CMC Joint	R	L
<input type="radio"/> Carpal Tunnel	R	L
<input type="radio"/> DeQuervan's Tenosynovitis	R	L
<input type="radio"/> Trigger Finger	R	L
<input type="radio"/> Ganglion Cyst	R	L

OTHER JOINT / TENDON / BURSA

HIP & PELVIS

<input type="radio"/> Hip Joint	R	L
<input type="radio"/> Greater Trochanteric Bursa	R	L
<input type="radio"/> Iliopsoas Bursa	R	L
<input type="radio"/> Ischial Bursa	R	L
<input type="radio"/> Piriformis Syndrome	R	L
<input type="radio"/> Meralgia Paresthetica	R	L
<input type="radio"/> Symphysis Pubis	R	L

KNEE

<input type="radio"/> Knee Joint	R	L
<input type="radio"/> Baker's Cyst	R	L

ANKLE & FOOT

<input type="radio"/> Ankle Joint	R	L
<input type="radio"/> 1st MTP Joint	R	L
<input type="radio"/> Achilles Tendon (PRP*)	R	L
<input type="radio"/> Retrocalcaneal Bursa	R	L
<input type="radio"/> Plantar Fascia	R	L
<input type="radio"/> Ganglion Cyst	R	L
<input type="radio"/> Morton's Neuroma	R	L

PHYSICIAN INFORMATION

Dr. Name _____

Clinic _____

Signature _____

Cell # _____

Fax # _____

CC _____

CC Fax # _____

PRAC ID _____

DR. STAMP

STAT REPORT OPTIONS

STAT Fax Report

Fax # _____

STAT Verbal Report

PH # _____

CLINICAL HISTORY

SPECIFY INDICATION

SPINAL PROCEDURES

LUMBAR FACETS

<input type="radio"/> L1 / L2	R	L
<input type="radio"/> L2 / L3	R	L
<input type="radio"/> L3 / L4	R	L
<input type="radio"/> L4 / L5	R	L
<input type="radio"/> L5 / S1	R	L
<input type="radio"/> SI Joint Injection	R	L
<input type="radio"/> Pars Interarticularis	R	L
<input type="radio"/> Coccyx		

★ **Arrive 15 minutes before your appointment time.**

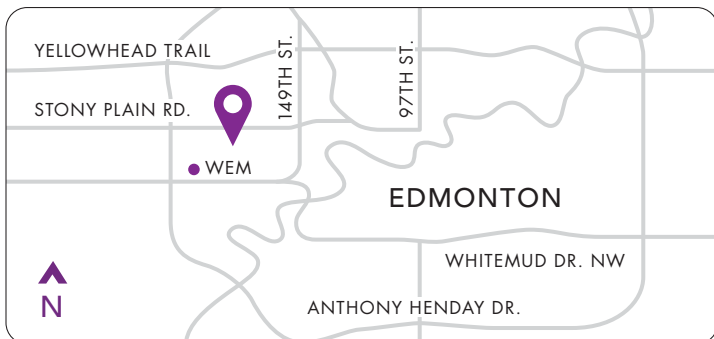
★ **If you are unable to keep your appointment, please contact us 24 hours prior to your appointment at 780-705-9982 or e-mail info@glenwoodradiology.com. If an appointment is not cancelled at least 24 hours in advance of your scheduled appointment, you will be charged a twenty-five dollar (\$25) fee. Please note this will not be covered by your insurance company.**

- Please make reception aware of all patient's requirements such as language assistance (other than English), has a hearing impairment, is an assisted adult, has diabetic needs, has allergies (ex.Latex), has a catheter, is in or requires a wheelchair, or any other requirement.
- Remember to bring your Requisition, your Provincial Health Care Card, and Photo ID.
- Our facility is not able to provide child care services, please ensure to arrange child care during your appointment times.

EXAM PREPARATION

PAIN MANAGEMENT

- Continue to take all regular medications as prescribed by your doctor.
- Please be aware that your doctor may need to prescribe medication changes prior to your procedure if you are on blood thinners.
- If possible, do not take any extra pain medications on the day of your exam. This allows us to better assess your response to our treatment.
- If your doctor has prescribed a medication for us to inject, please call us as we can likely provide it to you directly.
- Gowns are provided for your comfort. If you prefer to wear your own clothing and full undergarments, be advised that your clothing could be accidentally stained by disinfectant.
- Once treatment is complete, a technologist will ask that you remain in the waiting area for 10 minutes and will re-evaluate your pain level.
- Please refrain from any heavy lifting or strenuous activities for at least 24 hours following your treatment, or as prescribed by your doctor.
- Serious complications are extremely rare but can happen. It may be normal to experience some mildly increased pain and discomfort the day after your procedure. However, if you suffer steadily worsening pain, experience fever/chills or any sign of infection, develop new numbness or weakening in your limbs, or lose normal bladder/bowel control contact your doctor immediately. If your doctor is unavailable, proceed directly to the nearest hospital Emergency Department.
- All procedures have the potential to effect your ability to operate a motor vehicle. Glenwood Radiology recommends that you arrange transportation to and from the exam.



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