

# PAIN MANAGEMENT



REV. 2019/08/04

## PREFERRED LOCATION

(PLEASE SELECT ONE)

EDMONTON

Unit 107, 16028 – 100 A Ave. Tel: 780-705-9982  
Edmonton, AB T5P 0M1 Fax: 780-705-9983

**NEW** SPRUCE GROVE

Suite #212, 20 Westwind Dr. Tel: 587-461-2221  
Spruce Grove, AB T7X 0Y5 Fax: 587-461-2227

## PATIENT & APPOINTMENT INFORMATION

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

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

## REPEAT

Repeat Injection 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 |

#### 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

- |   |   |   |
|---|---|---|
| <input type="radio"/> Trigger Point                       | R | L |
| <input type="radio"/> Botox Chronic Muscle Spasm/Migraine | R | L |

#### 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 |
| <input type="radio"/> Pes Anserine Bursa | R | L |

#### ANKLE & FOOT

- |  |   |   |
|--|---|---|
| <input type="radio"/> Ankle Joint          | R | L |
| <input type="radio"/> 1st MTP Joint        | R | L |
| <input type="radio"/> Achilles Tendon      | 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

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

★ **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](mailto: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.**

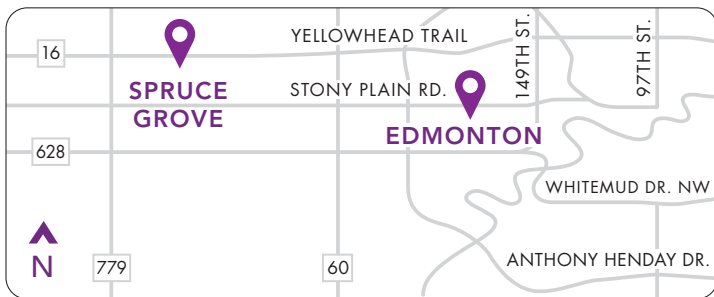
★ **We are unable to accommodate patients in a wheelchair unless the patient has an attendant.**

- 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

- If there is a chance that you are pregnant, the exam may not be possible. If pregnancy is suspected, other options using ultrasound guidance may be considered by the Radiologist.
- 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 staff member 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 affect your ability to operate a motor vehicle. Glenwood Radiology recommends that you arrange transportation to and from the exam.



**GLENWOOD RADIOLOGY** [info@glenwoodradiology.com](mailto:info@glenwoodradiology.com)

**EDMONTON** Unit 107, 16028 - 100 A Ave. Tel: 780-705-9982  
Edmonton, AB T5P 0M1 Fax: 780-705-9983

**SPRUCE GROVE** Suite #212, 20 Westwind Dr. Tel: 587-461-2221  
Spruce Grove, AB T7X 0Y5 Fax: 587-461-2227

 **Glenwood Radiology is a LATEX FREE environment!**