Athleticare™ MSK REFERRAL FORM

Dr. Felix Soibelman • Dr. John Bitangcol • Dr. Jared Jacobson • Dr. Alia Karmali
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If patient requires immediate intervention (e.g. Casting or bracing), please contact our office to schedule the patient. Phone: 780-902-3255.

PATIENT LABEL / DEMOGRAPHICS:

NAME: _____ DATE OF BIRTH: _____

PHONE: _____ PHN: _____

EMAIL: _____ REFERRING PRACTITIONER: _____

ADDRESS: _____ PRAC ID#: _____

CLINIC NAME: _____ **FAX #:** _____

DATE OF SYMPTOM ONSET: _____ BODY PART: _____ ☐ LEFT ☐ RIGHT

DIAGNOSIS / HISTORY

MOI: _____ Diagnosis: _____

Reason for Referral: _____

Immobilized: ☐ Yes ☐ No Type: _____

MD PROGRAMS (Covered by Alberta Health):

☐ RAPID ACCESS MSK INJURY CLINIC
Acute MSK, within 8 weeks of injury, ages 8+

☐ CAST CLINIC FOR NON-SURGICAL FRACTURES OR SPLINT FITTING
Please send an order into our office

☐ WCB MSK

ALLIED HEALTH SERVICES (Private Pay / Insurance):

☐ **PHYSIOTHERAPY**

☐ **REGISTERED PSYCHOLOGIST**

☐ **REGISTERED DIETITIAN**

☐ **PERFORMANCE 360**
Comprehensive baseline assessment for athletes including: functional movement, nutrition, mental health, and concussion screening.

☐ **REGISTERED MASSAGE THERAPY**

Submit this form via fax to **1-833-381-0929**. Patient will be contacted directly.

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