PHYSIOLOGIX MD
MSK Medicine, Neurology, & EMG Lab

301, 6040 Andrews Way SW
Edmonton AB
T6W 3S9
Ample free parking available

Tel: 780-447-4924
Fax: 780-452-5111
www.physiologix.ca/MD

Consultation & Treatment Request

Patient Demographics		
Last Name		□ **Male** □ **Female**
First Name		
Birthdate YYYY/MMM/DD	**PHN**	
Address Street address		
City/Town	Province	Postal Code
Cell Ph #	**Home Ph #**	
Email address		
If WCB, claim #	**Date of Injury**	

Patient consents to receive important appointment information by ☐ email and/or ☐ text message.

Diagnosis/Date of Injury:

Reason for Referral:

- ☐ Nerve Conduction Studies/EMG
- ☐ Carpal Tunnel Clinic
- ☐ General Physiatry Consultation
- ☐ Pediatric Physiatry Consultation
- ☐ General Neurology Consultation
- ☐ General Internal Medicine
- ☐ Geriatrics
- ☐ Spasticity Management
- ☐ Acute MSK Clinic
- ☐ Fracture Management
- ☐ MSK Injection (Ultrasound Guided)
  specify site:_____

- ☐ Performing Arts Medicine
- ☐ Myofascial Pain & Trigger Point Program
- ☐ Amputee Clinic
- ☐ Adult Cerebral Palsy Clinic
- ☐ Orthotics Clinic
- ☐ Concussion Management
- ☐ Motor Vehicle Accident Rehabilitation
- ☐ Complex Neuromuscular Disease Management
- ☐ Polyneuropathy Rehabilitation
- ☐ High Risk Foot Clinic
- ☐ Other _____

(Visit PhysioLogix.ca for full details and program-specific referral forms)

Please attached any pertinent information including consultations, reports, imaging, previous electrodiagnostic testing, medication lists etc.

Referring Doctor:	**PRACID:**
Signature:	**Fax Report:**
Copy Report:	**Date:**