



PHYSIOLOGIX PHYSICAL THERAPY

Suite 201, 6040 Andrews Way SW Edmonton, AB T6W 3S9

Phone: 587 499 3194 | Fax: 587 499 2466 | Email: rehab@physiologix.ca

Shockwave Therapy Referral Form

Patient Name: _____

Diagnosis: *please check off list below*

- | | |
|--|--|
| <input type="checkbox"/> Calcific Tendonitis | <input type="checkbox"/> Plantar Fasciitis / Heel Spurs |
| <input type="checkbox"/> Tennis / Golfer's Elbow | <input type="checkbox"/> IT Band Syndrome |
| <input type="checkbox"/> Adhesive Capsulitis (Frozen Shoulder) | <input type="checkbox"/> Hip Flexor Syndrome |
| <input type="checkbox"/> Bicipital Tendinitis | <input type="checkbox"/> Osgood Schlatter Disease |
| <input type="checkbox"/> DeQuervain's Tenosynovitis | <input type="checkbox"/> Retrocalcaneal Exostosis / Haglund Deformity |
| <input type="checkbox"/> Dupuytren's Contracture | <input type="checkbox"/> Other Insertional Pain: <i>specify location</i> |
| <input type="checkbox"/> Patellar Tendonitis (Jumper's Knee) | <input type="checkbox"/> Greater Trochanteric Pain Syndrome |
| <input type="checkbox"/> Achilles Tendinitis | <input type="checkbox"/> Other Bursitis: <i>specify location</i> |
| <input type="checkbox"/> Other Tendinitis: <i>specify location</i> | <input type="checkbox"/> Medial Tibial Stress (Shin Splint) Syndrome |
| <input type="checkbox"/> Morton's Neuroma | <input type="checkbox"/> Hallux Limitus / Rigidus |
| <input type="checkbox"/> Patellofemoral Syndrome | <input type="checkbox"/> Bunion |
| <input type="checkbox"/> Other (specify below) | |

Side: Right Left Bilateral

Notes/Comments: _____

Rapid referral to Physiatry at therapist's discretion

Referring Doctor: _____

Prac. ID: _____

Signature: _____

Date: _____

A report will be sent upon completion of treatment