MOVE SPORTS MEDICINE

SPORTS MEDICINE
U/S Guided MSK Joint Injections
PRP/Viscosupplements/Steroids

www.MOVESportsMD.ca

Referral Form

Patient Information	Referring Physician Information
Name: ________________________________	Name: ________________________________
DOB (MM/DDYY): ____________________	OHIP Billing #: ________________________
Address: ______________________________	Signature: ____________________________
City: _________________________________	Office Phone: __________________________
Province: ____________ Postal Code: ______	Office Fax: ____________________________
Phone (1):____________ (2) _____________	Family Physician (if different than above):
HC: __________________________ VC: ___	______________________________________

NOTE: Appointment slots are often held open for more urgent injuries.

☐ Please check here to indicate this is a recent injury requiring a more urgent appointment.

Sport of Patient: ______________________________________

Reason for Referral

Issue: ____

☐ **Shoulder**	☐ **Head Injury**
☐ **Elbow/Wrist** (please circle)	☐ **Other** ____________________________
☐ **Back**	☐ **MSK Joint Injection (PRP)**
☐ **Hip/Knee** (please circle)	☐ **MSK Joint Injection (Steroid)**
☐ **Ankle/Foot** (please circle)	☐ **MSK Joint Injection (Viscosupp)**

MOVE does not do injections for backs, hands, trigger points, or intra-articular hips.

Patient's Other Conditions

- **Referring physician to please forward ALL pertinent prior diagnostic imaging/consult notes**.
- Patient to bring sleeveless top or shorts for upper/lower extremity injuries respectively.
- Patient to bring a list of their current medications to appointment.
- Please note that there is a $100 charge for EACH missed/cancelled consultation without at least 24 hours prior notification.
- Please note that Focused Practice Designation is currently pending when making referral.

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