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 (R) (L) (Both)**	☐ **Head Injury**
☐ **Elbow (R) (L) (Both)**	☐ **Back**
☐ **Wrist (R) (L) (Both)**	☐ **Other:** _____
☐ **Hip (R) (L) (Both)**	_____
☐ **Knee (R) (L) (Both)**	☐ **MSK Joint Injection (PRP)**
☐ **Ankle (R) (L) (Both)**	☐ **MSK Joint Injection (Steroid)**
☐ **Foot (R) (L) (Both)**	☐ **MSK Joint Injection (Viscosupp)**

- **Referring physician to please forward ALL pertinent prior diagnostic imaging/consult notes**.
- MOVE does NOT do injections for backs, hands, intra-articular hips or trigger points.
- Please notify your patient to bring sleeveless top/shorts for upper/lower extremity injuries.
- Please notify your 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.

Dr. Woodall has Focused Practice Designation in Sports Medicine

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