

Phone: (587) 586-0869 | Fax: (403) 365-4320 | Address: Unit #160, 11358 Barlow Trail NE | Email: train@orkaperformance.com

PATIENT DEMOGRAPHICS

Name _____ Phone: _____
Date of Birth: _____ M: F: Other: Email: _____
Address: _____ PHN #: _____

REFERRAL FOR

SPORTS MEDICINE CONSULTATION (Dr. Murani, consultation report to follow)

ATHLETE COMBO CLINIC** (Cost: \$50, Integrated Assessment by Dr. Murani & Travis Gaudet, consultation report & rehabilitation plan to follow)

PHYSIATRY CONSULTATION (Dr. Murani, consultation report to follow)

Entrance Criteria: please note, we **do not accept patients with active WCB, Motor Vehicle Collision cases or medicolegal proceedings, clients with chronic pain > 10 years, clients who have been previously seen by a Physiatrist, or clients who have progressed through Calgary's Chronic Pain Program.*

***The Athlete Combo Clinic is at a \$50 charge to the client (submittable through Extended Health Benefits). It is a 60-minute assessment by Dr. Murani and Travis Gaudet and includes diagnosis, evaluation of pathobiomechanical contributors, strength and power testing (if appropriate), and recommendations re: both medical management and suggestive rehabilitative pathways.*

INJURY INFORMATION

Body Part: _____ Date of Injury: _____

PREVIOUS INVESTIGATIONS/TREATMENT

COMPLETED DIAGNOSTICS (please attach) :

X-RAY MRI MSK Ultrasound CT SCAN BONE SCAN INTERVENTIONAL INJECTIONS

REFERRING PRACTITIONER + FAX & PRACID (required) :

