



UNIVERSITY OF ALBERTA GLEN SATHER SPORTS MEDICINE CLINIC

www.glensatherclinic.ualberta.ca

Edmonton Clinic, Level 2 11400 University Avenue, Edmonton AB T6G 1Z1
P: 780-407-5160

Sport Medicine Physician Referral Form - Fax completed form to: 780-407-5667

To avoid delays, this form must be completed in full

Next Available Appointment Specific Physician _____

Urgent appointment (will be reviewed)

For Clinic Use Only
Appt Date: _____
Appt Time: _____

Patient Information:

Name: _____	Gender: _____	DOB (DD/MM/YYYY): _____	Age: _____
Address: _____			
Phone Number - Home: _____	Cell: _____	PHN: _____	

Clinical Details:

- Acute injury (<4 weeks)
- Flare-up of Pre-Existing
- Chronic Condition

Injury Date: _____ **Body Part:** _____

1. What was the mechanism of injury? _____

2. What specific sport or activity does the injury prevent the person from doing? _____

3. What is the clinical question to the Sport and Exercise Medicine Physician? _____

4. Treatment received to date for the injury/concern? _____

Pertinent Past Medical History (attach additional information as needed)

Imaging and/or investigations are not necessary for patient referral. If imaging has been completed please indicate below and forward results to our office. If images are on Netcare, there is no need to send a disc.

- X-ray CT Ultrasound MRI Bone Scan N/A

Referring Health Professional Information (please complete)

Name (Print): _____

PRACID: _____

Mailing Address: _____

Date: _____

Phone Number: _____

Signature: _____

Fax Number: _____

Please do not send referrals for WCB or MVA cases-they will be returned.