Kinesis
Physical Medicine and EMG

Kinesis Medical Centre
Suite 5138, 901 - 64 Avenue NE, Calgary, AB T2E 7P4
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Physiatry Assessment

Patient Information
labels can be used

Last Name: ______________________
First Name: ______________________
Address: ______________________
City: ______________________
Province: ______________________
Postal Code: ______________________
Email Address : ______________________
Home Phone Number: ______________________
Work Phone Number: ______________________
Cell Phone Number: ______________________
Gender: ______________________
Date of Birth: ______________________
Personal Health Number: ______________________

Referring Physician Information
labels and/ or stamps can be used

Hospital or Clinic Name: ______________________
Referring Physician Name: ______________________
PRAC ID: ______________________
Phone Number: ______________________
Fax Number: ______________________

Family Physician Name: ______________________
PRAC ID: ______________________
Phone Number: ______________________

Service(s) Requested: ☐ *Adult* ☐ *Pediatric*

☐ Acute Injury Consultation (AIC) .... peripheral MSK injuries within 6 weeks of onset
excluding: neck/ back pain with no radicular symptoms or widespread pain with no focal issue

☐ EMG/ NCS Assessment & Consultation .... sensory abnormalities and/ or weakness secondary to peripheral nerve pathology
for example: foot drop, carpal tunnel syndrome, neck/ back pain with radicular symptoms

☐ Ultrasound Guided Injection & Consultation .... focused physiatry assessment and peripheral MSK/ nerve injection
for example: bursitis, arthritis, tendinitis

Reason for Assessment:

WCB Claim Number:

For Kinesis Medical Centre use only

Date Referral Received: ______________ Review Date: ______________ Wait List: I II III IV V VI