Kinesis
Physical Medicine and EMG

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

Patient Information
labels can be used

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

Referring Clinic Information
labels and/ or stamps can be used

Clinic Name: ______________________
Referring Physician Name: ______________________
PRAC ID: ______________________
Address: ______________________
____
City: ______________________
Province: ______________________
Postal Code: ______________________
Phone Number: ______________________
Fax Number: ______________________
(If different than above)
Family Physician Name: ______________________
PRACID: ______________________

Service(s) Requested:
If you are uncertain of the clinic your patient requires, the default is a Physiatry Consultation.

- ☐ Acute MSK Injury Consultation
- ☐ Pediatric Sport Injury Consultation
- ☐ Adult Sport Injury Consultation
- ☐ Physiatry Consultation
- ☐ Arthritis Consultation
- ☐ Ultrasound Guided Injection & Consultation

Reason for Assessment:
If additional space is needed, please include a separate referral letter. ***Also Include all relevant investigations and/ or consultation reports.***

Symptom onset:

WCB Claim Number:

For Kinesis Medical Centre use only

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