Kinesis
Physical Medicine and EMG

Kinesis Medical Centre
Suite 235, 971 - 64 Avenue NE, Calgary, AB T2E 7Z4
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MSK Physiatry Assessment

Patient Information

labels can be used

Last Name: _____

First Name: _____

Address: _____

_____

City: _____

Province: _____

Postal Code: _____

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: _____

PRACID: _____

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