MSK
CLINIC
AT SHALE MEDICAL

REFERRAL FORM

Fax to 825-317-2500 or email to mskclinic@shg.ca

PATIENT INFORMATION *(print or affix label)*			
Name:		DOB:	
Address:			
Phone:	Email:		
PHN:	Ht:	Wt:	○ Male ○ Female

CLINICAL INFORMATION		
Date of injury/onset:	○ Right ○ Left	○ Knee ○ Shoulder
History/Clinical Findings: *(indicate if WCB)*		

Imaging: *(attach if not on Netcare)*	○ XR	○ MRI	○ US	○ CT	○ None to date

REFERRING PRACTITIONER INFORMATION *(print or stamp)*		
Name:		*Clinic stamp:*
Phone:	Fax:	
PRAC ID:	Date of referral:	

Courtney Titanich, BSc, CAT(C)
Dr. Joel Giddey, MBChB, Dip HIV Man
Dr. Lealet van Staden, MBChB, CCFP

SHALE
HEALTH GROUP
shg.ca

A Division of Shale Health Group
#2 5004 50th Ave, Drayton Valley, AB T7A 1S1
780-898-4628 (ph) | 825-317-2500 (fax)
mskclinic@shg.ca | shg.ca