



MACEWAN
UNIVERSITY HEALTH CENTRE

10507-109 Street NW
Edmonton, Alberta, T5H 3B1
Telephone - 780.250.6842
Fax - 780.244.6842

Sport and Exercise Medicine Physician Referral Form – Fax completed form to: 780-244-6842

To avoid delays, this form must be **completed in full**.

Please do not send referrals for WCB or MVA cases – they will not be accepted.

Dr. Terry (Teresa) De Freitas

☐ Next Available Appointment

☐ Urgent Appointment

☐ Specific Physician

For Clinic Use Only

Appt Date: _____

Appt Time: _____

Physician: _____

Patient Information:

Name:	Gender:	DOB (DD/MM/YYYY):	PHN:
Address:			
Phone Number:		Email:	

Clinical Details:

Injury Date (DD/MM/YYYY): _____ **Body Part(s):** _____
Is this the result of a work related or MVA injury(Y/N)? _____

1. Mechanism/type of injury (e.g. Tear, dislocation, sprain):

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

2. Functional limitations/symptoms:

3. Pertinent medical history:

4. Specific referral questions:

If imaging has been completed, please indicate below and forward all reports/results to our office.

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

NOTE: IMAGING IS NOT NECESSARY PRIOR TO REFERRING A PATIENT FOR CONSULTATION

Referring Health Professional Information:

Name(Print): _____ **PRACID:** _____

Mailing Address: _____ **Date:** _____

Signature: _____

Phone Number: _____ **Fax Number:** _____