Kinesis
Physical Medicine and EMG

Kinesis Medical Centre
Suite 5138, 901 - 64 Avenue NE, Calgary, AB T2E 7P4
P. 403.251.1165 | **F. 403.255.5451** | Kinesis.ca

Dance Medicine Physiatry Clinic

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: _____

PRAC ID: _____

Service(s) Requested:

If you are uncertain of the clinic your patient requires, we will book most appropriate clinic based on the reason for assessment described below.

☐ **Dance Physiatry (PM&R) Assessment**

Physical Medicine and rehabilitation consult for musculoskeletal issues affecting participation and/or performance in dance.

☐ **Pediatric Dance Physiatry (PM&R) Assessment**

Physical medicine and rehabilitation consult for musculoskeletal issues affecting participation and/or performance in pediatric/adolescent dancers.

☐ **Electromyography (EMG) Assessment for dance-related issues**

Physical medicine and rehabilitation consult and electrodiagnostic examination - consider for patients with possible peripheral nervous system symptoms (numbness, weakness, pain etc.)

☐ **Ultrasound-Guided Injection for dance-related issues**

Focused physical medicine and rehabiliation consult and performance of US-guided injection based on request and clinical assessment.

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

For Kinesis Medical Centre use only - Referrals are to be booked directly with Dr. Loewen

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