



Momentum Health

PATIENT LABEL

NAME: \_\_\_\_\_
DOB: \_\_\_\_\_
PHN: \_\_\_\_\_
PHONE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
EMAIL: \_\_\_\_\_

START HERE FOR COMMUNITY BASED REHABILITATION

BODY PART: \_\_\_\_\_ [ ] L [ ] R
DIAGNOSIS: (If known) \_\_\_\_\_
MECHANISM OF INJURY: \_\_\_\_\_

HISTORY: \_\_\_\_\_
EXISTING DI REPORTS ATTACHED: [ ] YES [ ] NO
IMAGING: (Description) \_\_\_\_\_

DISCIPLINES

- [ ] PHYSIOTHERAPY
[ ] CHIROPRACTIC
[ ] MASSAGE THERAPY
[ ] KINESIOLOGY
[ ] PHYSIATRY\*
[ ] SPORT MED PHYSICIAN\*

\* SELECT LOCATIONS ONLY

SPECIALTY SERVICES

- [ ] CONCUSSION REHABILITATION
[ ] VESTIBULAR REHABILITATION
[ ] PELVIC HEALTH PHYSIOTHERAPY
[ ] CUSTOM BRACING AND ORTHOTICS
[ ] IMS/FDN/ACUPUNCTURE
[ ] LONG COVID REHAB\*
[ ] RADIO-FREQUENCY ABLATION (RFA)\*
[ ] AHS FUNDED PHYSIOTHERAPY & GROUP CLASSES\*
[ ] WCB [ ] PHYSIOTHERAPY [ ] CHIROPRACTIC
[ ] MVA [ ] PHYSIOTHERAPY [ ] CHIROPRACTIC [ ] MASSAGE
[ ] PRE-SEASON SPORTS SCREENING
[ ] GLA:D HIP AND KNEE OSTEOARTHRITIS PROGRAM
[ ] GLA:D BACK PROGRAM
[ ] IMAGE GUIDED PAIN MANAGEMENT\*

SPECIFIC INSTRUCTIONS: At Clinician's Discretion [ ]

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

PRACTITIONER ID/STAMP & DATE:

REFERRING DOCTOR: \_\_\_\_\_
CLINIC NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_

PRAC ID: \_\_\_\_\_
PHONE NUMBER: \_\_\_\_\_
DATE: \_\_\_\_\_

MOMENTUM HEALTH LOCATIONS

[ ] CREEKSIDE
12192 SYMONS VALLEY RD NW
#4
403.239.6773
403.239.6674

[ ] OGDEN
LYNNWOOD CENTRE
7005 18 STREET SE #1C
403.236.0106
403.279.1942

[ ] WESTBROOK
CORUS CENTRE
3320 17 AVENUE SW #31
403.454.1600
403.454.1641

[ ] DEERFOOT
IN DEERFOOT CITY
901 64 Avenue NE #5146
403.228.7968
403.228.7960

[ ] WEST SPRINGS
WEST 85TH
8561 8A AVENUE SW #2200
403.453.3373
403.685.4908

[ ] SETON
ACROSS FROM SOUTH
HEALTH CAMPUS
3815 Front Street SE #129
403.455.6865
403.455.6538

[ ] MAHOGANY &
EVIDENCE SPORT AND
SPINE SOUTH
7 MAHOGANY PLAZA SE #110
403.454.8460
403.454.8445

[ ] EVIDENCE SPORT AND
SPINE NORTH
2000 Veterans Place NW #201
403.210.9969
403.210.9084