

**Dr. Abdel-Rahman Aly**

**MB BCh, FRCPC, CSCN, RMSK, CIME**

**Physiatrist & Interventional Pain**



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MSK@momentumhealth.ca

**PATIENT INFO:**

**Name**

**Email**

**DOB**

**Cell Phone**

**PHN**

**Alternate Phone**

**Referral Date**

**Address**

**REFERRING PRACTITIONER:**

**Name**

**Phone**

**PRAC ID#**

**Fax**

**Clinic Name**

**Address**

CLINICAL HISTORY

MECHANISM OF INJURY (IF APPLICABLE)

**REASON FOR REFERRAL**

- Lumbar spine and Back pain
- Cervical spine and Neck pain
- Cervicogenic Headache
- Myofascial pain
- Peripheral Joint Arthropathy
- Tendinopathy and tendon injuries
- Trigger finger
- Neuropathic pain
- Entrapment neuropathy
- Other \_\_\_\_\_

**THERAPY REQUESTED**

- Diagnostic and peripheral nerve block
- Corticosteroids
- Viscosupplementation/Hyaluronic acid
- Dextrose/Prolotherapy
- PRP (Platelet Rich Plasma)
- Trigger Point Injections
- Perineural injection / hydrodissection
- Tendon scraping / barbotage / tenotomy
- Radiofrequency ablation/neurotomy
- Other \_\_\_\_\_

**CHECK IF APPLICABLE**

- Post-surgical pain
- MVC-related Injury
- WCB – referral to Rehabilitation Provider

**PLEASE INCLUDE**

1. DIAGNOSTIC IMAGING reports: ultrasound, MRI, CT, bone scan, etc
2. MEDICAL HISTORY: past medical history, surgeries, medications, and allergies.