



#110, 6925 Gateway Blvd NW
Edmonton, Alberta
T6H 2J1
Ample free parking available

Tel: 780-447-4924
Fax: 780-452-5111
Email: md@physiologix.ca
www.physiologix.ca/MD

Patient Demographics	
Last Name	<input type="checkbox"/> Male
First Name	<input type="checkbox"/> Female
Birthdate YYYY/MM/DD	PHN
Address Street address	
City/Town	Province Postal Code
Cell Ph #	Home Ph #
Email address	
If WCB, claim #	Date of Injury

Canadian Cancer Care Referral Form

Patient consents to receive important appointment information by email and/or text message.

Diagnosis:

Reason for Referral:

- | | |
|--|---|
| <input type="checkbox"/> Nerve Conduction Studies/EMG | <input type="checkbox"/> Musculoskeletal Dysfunction |
| <input type="checkbox"/> Neuropathy/Myopathy/Plexopathy | <input type="checkbox"/> Gait Difficulty |
| <input type="checkbox"/> Spinal Cord Dysfunction | <input type="checkbox"/> Dystonia |
| <input type="checkbox"/> Neurogenic Bowel or Bladder Dysfunction | <input type="checkbox"/> Spasticity |
| | <input type="checkbox"/> Other (please provide details below) |

Please note, in an effort to control wait times, some patients may be seen at Physiologix Windermere.

Please attach any pertinent information including consultations, reports, imaging, previous electrodiagnostic testing, medication lists etc.

Referring Doctor:	PRACID:
Signature:	Fax Report:
Copy Report:	Date: