UNIVERSITY OF ALBERTA
GLEN SATHER SPORTS MEDICINE CLINIC

Kaye Edmonton Clinic
2C/2D, 11400 University Avenue
Edmonton, Alberta, Canada T6G 1Z1
Tel: 780-407-5160 Fax: 780-407-5667
www.glensatherclinic.ualberta.ca

Sport Medicine Physician Referral Form - Fax completed form to: 780-407-5667

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

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

☐ Next Available Appointment

☐ Urgent appointment (will be reviewed)

☐ 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: ______________ **Body Part(s):** ______________

Is this the result of a work related injury or MVA? _____ **(Y/N)**

☐ Acute Injury (<4 weeks)

☐ Flare-Up of Pre-Existing

☐ Chronic Condition

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

2. Functional limitations/symptoms:

3. Pertinent medical history:

4. Specific referral questions:

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

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

Referring Health Professional Information

Name (print): ____

Mailing Address: ______________________________________

____

Phone Number: _______________________________________

PRACID: ___________________________________

Date: _____________________________________

Signature: _________________________________

Fax Number: ________________________________

Revised July 2022