Please bring this form to your appointment DATE: _____ TIME: _____

SASK SPORTS IMAGING
SASKATOON MEDICAL IMAGING // THE ULTRASOUND CENTRE

Located at Craven SPORT Services
3-701 2nd AVENUE NORTH
SASKATOON, SK S7K 2C9
306-934-2011

Bookings: 306-933-4500 Fax: 306-934-2012

www.sasksportsimaging.com

PATIENT NAME

_____
PHN

_____
D.O.B. AGE GENDER

_____
PHONE

_____
ADDRESS

REFERRING PHYSICIAN

_____
PHYSICIAN SIGNATURE

_____
PHONE FAX

_____
CC

_____
PHONE FAX

CLINICAL HISTORY

PLEASE INDICATE RIGHT LEFT OR BILATERAL

- ☐ SHOULDER
- ☐ ELBOW
- ☐ WRIST
- ☐ HAND
- ☐ HIP
- ☐ KNEE
- ☐ ANKLE
- ☐ FOOT
- ☐ OTHER

Thank you for your referral