



## General Physiatry Referral

10003-24<sup>th</sup> St. SW, T2V 5K3  
 Tel: (587) 481-7866  
 Fax: (587) 481-7877  
 www.southlandemg.com

Dr. Serge Mrkobrada MD, MSc, FRCPC, CSCN Diplomate (EMG)

### PATIENT INFORMATION (can use label)

Name: _____	Gender: _____
Date of Birth: _____	PHN: _____
Address: _____	
Phone: (H) _____	(W) _____

### REFERRAL INFORMATION

Priority:    Urgent            Routine  <i>Urgent requests must be discussed by direct consultation with Dr. Mrkobrada</i>	Referring practitioner Name: _____ Phone: _____ Fax: _____ PRACID: _____
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#### Clinical question

Musculoskeletal problem (specify area)

Neck

Shoulder

Wrist

Back

Hip

Knee

Other Physiatry consult (please specify):

**Clinical information** (please attach previous EMG studies, consults, relevant imaging, bloodwork and medications)

#### Past medical history

Diabetes

Thyroid disease

Other:

HIV or Hepatitis C

Alcohol abuse

Is the patient on anticoagulation:

Yes

No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax completed form to Southland EMG, fax # (587) 481-7877