

# SOUTHLAND SPORT MEDICINE

## REFERRING PHYSICIAN

Patient Label
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NAME (PLEASE PRINT): \_\_\_\_\_

PRAC ID: \_\_\_\_\_

**\*Please note we do not see WCB, MVA or patients involved in any open litigation\***

### AREA OF INJURY

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> CONCUSSION | <input type="checkbox"/> HIP          |
| <input type="checkbox"/> NECK       | <input type="checkbox"/> GROIN        |
| <input type="checkbox"/> SHOULDER   | <input type="checkbox"/> LEG          |
| <input type="checkbox"/> ARM        | <input type="checkbox"/> KNEE         |
| <input type="checkbox"/> ELBOW      | <input type="checkbox"/> ANKLE/FOOT   |
| <input type="checkbox"/> WRIST/HAND | <input type="checkbox"/> BACK         |
| <input type="checkbox"/> CHEST      | <input type="checkbox"/> OTHER: _____ |

### REASON FOR CONSULT

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### IMAGING

- ATTACHED
- ORDERED
- NONE

PHYSICIAN SIGNATURE

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### OUR PHYSICIANS

- Dr. Eric Babins
- Dr. Neesha Patel
- Dr. Brett Hollowell
- FIRST AVAILABLE

**APPOINTMENTS AVAILABLE WITHIN 1-2 WEEKS OF REFERRAL BEING RECEIVED.**

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