


PATIENT	APPOINTMENT DATE / TIME: _____	BRING VALID HEALTH CARE CARD & THIS FORM. If you are unable to attend your appointment, please call to cancel or reschedule at least 2 hours prior to your appointment.		
	NAME: _____ (LAST) _____ (FIRST) _____ (MIDDLE)	<input type="checkbox"/> AHC #:	<input type="checkbox"/> OUT OF PROVINCE	
	ADDRESS: _____ CITY: _____	<input type="checkbox"/> WCB	<input type="checkbox"/> PATIENT PAY	<input type="checkbox"/> PRIVATE
	POSTAL CODE: _____ PROVINCE: _____	AGE: _____ DOB: _____ (MM / DD / YEAR)	LMP: _____ (MM / DD / YEAR)	
PHONE #: _____ (HOME) _____ (WORK / CELL)	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	PREGNANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERRAL	ORDERING PHYSICIAN: _____	SEND COPY TO: _____
	CLINIC NAME: _____	CLINIC NAME: _____
	FAX REPORTS TO #: _____	FAX REPORTS TO #: _____
HISTORY & PROVISIONAL DIAGNOSIS:		
<input type="checkbox"/> Wheelchair, walker, limited mobility, etc. (allow more time)		
<input type="checkbox"/> Relevant prior imaging: _____ (LOCATION AND DATE OF EXAM)		
		_____ M.D.

EXAM	ULTRASOUND (PREPARATION REQUIRED)	
	<input type="checkbox"/> ABDOMEN After midnight, nothing to eat or drink, no chewing gum or candies and no smoking. For infants, withhold the last feeding prior to the appointment time. Medication(s) can be taken with a small amount of water.	<input type="checkbox"/> OBSTETRIC 90 minutes prior to your appointment, empty your bladder, then drink water as specified below. The amount of water you need to drink depends on how far along you are in your pregnancy:
	<input type="checkbox"/> PELVIS <input type="checkbox"/> KIDNEYS, URETER, AND BLADDER (KUB) FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total).	<ul style="list-style-type: none"> • Up to 25 weeks - 3 glasses of water, 8 oz. each (750 mL total) • Over 25 weeks - 1 glass of water, 8 oz. (250 mL total)
	<input type="checkbox"/> ABDOMEN AND PELVIS After midnight, nothing to eat, no chewing gum or candies and no smoking. FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total).	DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled.
	DO NOT BRING CHILDREN TO YOUR APPOINTMENT, unless accompanied by an adult (other than the patient). Fathers with children present will be asked to remain in the waiting room until the end of the exam when they can be brought in to view the baby. Fathers unaccompanied by children are welcome to view the obstetrical ultrasound.	

EXAM	ULTRASOUND (NO PREPARATION REQUIRED)	
	<input type="checkbox"/> CAROTID DOPPLER	<input type="checkbox"/> ARM VENOUS DOPPLER <input type="checkbox"/> BILATERAL <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT
	<input type="checkbox"/> NECK	<input type="checkbox"/> LEG VENOUS DOPPLER <input type="checkbox"/> BILATERAL <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT
	<input type="checkbox"/> SCROTUM	<input type="checkbox"/> MUSCULOSKELETAL: _____
<input type="checkbox"/> THYROID		

GENERAL INFORMATION	EXAMINATIONS PERFORMED AT CARDSTON CLINIC	Cardston Physio & Radiology Associates 271 Main Street, Cardston, Alberta
	At the request of Alberta Health Care, you are required to present your Alberta Health Care Card along with a piece of photo identification such as a driver's license or passport.	
	CHILD CARE IS NOT PROVIDED. Please make alternate arrangements.	
	NOTIFICATION OF COLLECTION OF PERSONAL HEALTH INFORMATION The personal health information that you provide is collected, used and disclosed in accordance with the provisions of the Health Information Act. It is used to provide diagnostic treatment and care services to you, and to bill Alberta Health Care for services provided. For more information, please contact the clinic manager.	