SAAKIC
Southern Alberta Acute Knee Injury Clinic

Located in:
Rebound Health Centre in the
Sports Medicine Centre at the
University of Lethbridge

PE 100, 4401 University Dr. W.
Lethbridge, AB T1K 3M4
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saakic.ca

Southern Alberta Acute Knee Injury Clinic Referral Form

PATIENT INFORMATION:

Name: _____

Address: _____

Phone (H): _____ Phone (W): _____ Cell: _____

Gender: M / F DOB: _____ Alberta Health Care #: _____

PHYSICIAN INFORMATION:

Referring Physician: _____

Clinic Name: _____ Practice ID #: _____

Family Physician (if different): _____

Clinic Name: _____

Please check YES or NO for the following questions:

☐ YES ☐ NO	Has the patient injured their *knee*?
☐ YES ☐ NO	Has the injury occurred within the past 6 weeks?
☐ YES ☐ NO	Was there a sudden onset of pain at time of injury?
☐ YES ☐ NO	Does the patient live in Chinook region boundaries?
☐ YES ☐ NO	Was the injury caused by a motor vehicle accident?
☐ YES ☐ NO	Did the injury happen at the workplace?

*NOTE: Imaging is **NOT** required prior to referral*

Please be informed that SAAKIC, as a consulting service, is unable to complete insurance, disability, or work restriction forms. The patient will be referred to their family doctor for the completion of these forms based on the assessment information provided by SAAKIC.

Additional Comments/Information: _____

_____

Date of Referral: _____