

PATIENT

Name: _____
 Date: _____ mm/dd/yy *DATES MUST BE SEPARATED BY A DASH*

HEALTH CARE PROFESSIONAL

Print Name: _____
 Signature: _____

DIAGNOSIS / SYMPTOMS (PLEASE SPECIFY)

OTC BRACES & SUPPORTS

- | | | | | |
|---|--|--|---|---|
| <p>Ankle</p> <ul style="list-style-type: none"> <input type="checkbox"/> AS REQUIRED <input type="checkbox"/> Splint <input type="checkbox"/> Functional (<i>semi-rigid</i>) <input type="checkbox"/> Sleeve (<i>soft</i>) <input type="checkbox"/> _____ | <p>Knee Patellofemoral</p> <ul style="list-style-type: none"> <input type="checkbox"/> AS REQUIRED <input type="checkbox"/> Patellar Strap <input type="checkbox"/> Basic Sleeve <input type="checkbox"/> Patellar Stabilizer <input type="checkbox"/> Lateral Patellar Pull | <p>Leg</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tall Walker Boot <input type="checkbox"/> Short Walker Boot <input type="checkbox"/> Shin Splint Wrap <input type="checkbox"/> Achilles Tendon Strap <input type="checkbox"/> IT Band Strap <input type="checkbox"/> _____ | <p>Wrist / Thumb</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wrist <ul style="list-style-type: none"> <input type="radio"/> Functional (<i>Flexible</i>) <input type="radio"/> Splint (<i>Rigid</i>) <input type="checkbox"/> Thumb Spica <input type="checkbox"/> Wrist & Thumb <input type="checkbox"/> _____ | <p>Thigh / Groin</p> <ul style="list-style-type: none"> <input type="checkbox"/> CoreShorts Pro <input type="checkbox"/> Thigh Sleeve <input type="checkbox"/> Hernia Belt <input type="checkbox"/> _____ |
| <p>Foot</p> <ul style="list-style-type: none"> <input type="checkbox"/> OTC Arch Supports <input type="checkbox"/> OTC Compression Stockings <input type="checkbox"/> PF Night Splint <input type="checkbox"/> Hallux Valgus Splint <input type="checkbox"/> Heel Pad / Cup <input type="checkbox"/> _____ | <p>Knee Ligament (OTC)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hinged Sleeve <input type="checkbox"/> ROM Knee Splint <input type="checkbox"/> Mild ACL * <input type="checkbox"/> Mild MCL * <p><i>*Appointment may be required</i></p> | <p>Elbow</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tennis Elbow Strap <input type="checkbox"/> Elbow Sleeve <input type="checkbox"/> Hyper-extension Hinge Brace <input type="checkbox"/> _____ | <p>Shoulder</p> <ul style="list-style-type: none"> <input type="checkbox"/> AC Protector <input type="checkbox"/> Clavicle Strap <input type="checkbox"/> Arm Sling <input type="checkbox"/> _____ | <p>Back / Pelvis</p> <ul style="list-style-type: none"> <input type="checkbox"/> SI Belt <input type="checkbox"/> Lumbar Support <input type="checkbox"/> Maternity Support <input type="checkbox"/> _____ |

BY APPOINTMENT ONLY - (Call Location To Book)

- | | | | | |
|---|--|---|---|--|
| <p>Knee - Custom</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ligament <ul style="list-style-type: none"> <input type="radio"/> ACL <input type="radio"/> PCL <input type="radio"/> MCL <input type="radio"/> LCL <input type="checkbox"/> Osteoarthritis <ul style="list-style-type: none"> <input type="radio"/> Medial <input type="radio"/> Lateral <input type="radio"/> _____ | <p>Knee - Non-Custom</p> <ul style="list-style-type: none"> <input type="checkbox"/> Osteoarthritis <ul style="list-style-type: none"> <input type="radio"/> Medial <input type="radio"/> Lateral <input type="radio"/> Trial Program <input type="checkbox"/> _____ | <p>Knee - Non-Custom</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ligament <ul style="list-style-type: none"> <input type="radio"/> ACL <input type="radio"/> MCL <input type="checkbox"/> _____ | <p>Shoulder</p> <ul style="list-style-type: none"> <input type="checkbox"/> GH Stabilizer | <p>Rx Compression Therapy</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Compression Level <ul style="list-style-type: none"> <input type="checkbox"/> 20-30mmHg <input type="checkbox"/> 30-40mmHg <input type="checkbox"/> 40-50mmHg <input type="checkbox"/> 50-60mmHg <input checked="" type="checkbox"/> Length <ul style="list-style-type: none"> <input type="checkbox"/> Calf <input type="checkbox"/> Thigh <input type="checkbox"/> Panty-hose |
|---|--|---|---|--|

REHAB

- | | | |
|---|---|--|
| <p>Rehab</p> <ul style="list-style-type: none"> <input type="checkbox"/> AFX (Foot & Ankle) <input type="checkbox"/> Exercise Tubing/
Banding <input type="checkbox"/> Foam Roller <input type="checkbox"/> Release Ball <input type="checkbox"/> Massage Stick <input type="checkbox"/> Aqua Jogger <input type="checkbox"/> _____ | <p>Core / Strength</p> <ul style="list-style-type: none"> <input type="checkbox"/> CORE X System <input type="checkbox"/> Exercise Ball ____ cm <input type="checkbox"/> Wobble Board <input type="checkbox"/> Balance Cushion <input type="checkbox"/> Dumbbells <input type="checkbox"/> Adj Ankle Weight <input type="checkbox"/> Hand Exerciser | <p>Therapy</p> <ul style="list-style-type: none"> <input type="checkbox"/> TENS <input type="checkbox"/> Hot/Cold Pack <input type="checkbox"/> CryoCuff System <input type="checkbox"/> Knee <input type="checkbox"/> _____ <input type="checkbox"/> Analgesic Cream <input type="checkbox"/> _____ |
|---|---|--|

LOCATION



SPORTMED at Fortius Sport & Health
 3713 Kensington Ave. (at Spratt St.)
 Burnaby, BC V5B 0A7
 P 604.570.0855 F 604.570.0856

E-FORM INSTRUCTIONS

SOFTWARE REQUIREMENTS

In order to save filled-in-forms, you will need a new version of **ADOBE READER** (*X1 or newer*). Go to the Adobe website to download the newest version or click on this link: get.adobe.com/reader

PRINTING

Use either the printer icon located above, or file > print from the menu bar.

SAVING

Use either the save icon located above, or file > save from the menu bar. Save the form under a **DIFFERENT NAME** to preserve patient information.

CLEAR FORM

The **RESET FORM** button is located in at the top right hand corner of this form.

NOTE: For Custom Orthotics, please visit our other retail locations in Vancouver, Port Coquitlam or Langley.