

Patient Self-Referral Intake
Arthrosamid – Knee Injections



Patient Demographic Information

Please complete the below information and send to HealthPointe Medical Centres via email staff@healthpointe.com and/or call 780-453-5255 if you have any questions. Once HealthPointe receives this form, one of our staff will contact you promptly.

Patient Name:

First Name

Last Name

Date of Birth:

Gender:

Address:

Street Address Line 1:

Address Line 2:

City:

Province/State:

Country:

Postal Code/Zip Code:

Contact Information:

Home Phone #:

Mobile Phone #:

Email Address:

Major Pain Complaint:

How did it happen?

How long have you had this condition:

Other pain complaint(s):

What things make it worse?

What things make it better?

Are you presently taking any prescription medication? Yes No

Are you presently taking non-prescription/ over the counter medication? Yes No

How did you hear about Arthrosamid?

Other: