

### IMPORTANT INFORMATION FOR REFERRING HEALTH CARE PROVIDERS

Thank you for referring your patients to Caleo Health. This letter is to inform you of the information required as part of the referral process. In order for your patients to receive a complete and comprehensive assessment with our triage team and specialist please insure that the requirements listed below are provided:

- ✓ Patients personal information/demographics (we require active contact information)
- ✓ Referring physicians practitioner identification number (Prac. ID)
- ✓ Your consult reports fully detailing the clinical presentation as well as any other relevant reports from other physicians or health care providers (if available).
- ✓ If you believe surgery may be indicated, it is recommended that a MRI is completed prior to the referral to Caleo Health for assessment. Relevant DI reports should be forwarded with the referral letter. Images on disc should accompany the patient.
- ✓ A MRI is not necessary for the patient to be referred to Caleo Health. Only when indicated should an MRI be ordered and it should be completed within 18 months of seeing the surgeon. Caleo Health will assist with arranging the MRI when indicated by the assessment team.

We also require any and all available and relevant diagnostic reports including:

- |                                      |  |
|--------------------------------------|--|
| ✓ Facet injections                   | ✓ X-rays (actual copy on Disc required)  |
| ✓ Lumbar epidural steroid injections | ✓ CT Scan (actual copy on Disc required) |
| ✓ Nerve blocks                       | ✓ Bone scan                              |
| ✓ EMG/ Nerve conduction studies      | ✓ Discogram                              |
| ✓ Bone density                       |  |

Once a referral has been sent please instruct your patient to register for their Spine Assessment at: [www.caleohealth.ca](http://www.caleohealth.ca)

Thank you for your attention to this information. Should you have any inquiries, please contact the booking coordinators at 403-452-4798.

Dr. Mark Lewis  
Director of Operations - Caleo Health

Please send referrals via the Caleo Health Secure-Mail Network: attach your referral documents in Secure-Mail and send to [spinetriage@caleohealth.ca](mailto:spinetriage@caleohealth.ca)

OR

Please use the FAX COVER PAGE attached - Please fax or mail your referral to Caleo Health Spine: [Fax \(403\) 452-0995](tel:4034520995)

**\*\*Remember to Include the Practice ID number and attach all relevant diagnostic reports with your referral letter.**



200, 1402 8<sup>th</sup> Avenue N.W. Calgary, Alberta T2N 1B9  
(403) 452-4798

PLEASE USE THIS FAX COVER SHEET  
FOR REFERRALS TO CALEO HEALTH  
SPINE CLINIC ONLY



# FAX

To: CALEO HEALTH – SPINE From:

Fax to: (403) 452-0995 Pages: (including cover sheet)

Phone From: (403) 452-4798 Date:

Re: Spine Referral information Patient Name:

Patient PHN:

Patient DOB:

REFERRED BY: Patient Phone:

PRAC. ID: Patient Email:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● Comments:

#### CONFIDENTIAL INFORMATION:

This message is intended only for the use of the addressee, individual or entity, and may contain information that is privileged, confidential and exempt from disclosure under Applicable law. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited and may be an offence under the Freedom of Information and Protection of Privacy Act. If you have received this communication in error, please notify us immediately by phone. Thank You.