



Risca Chiropractic & Wellness Clinic

Patient Details:

Forename (s)		Gender	
Surname		DOB:	
Address			
		Postcode	
Home Tel:		Mobile Tel:	

Referrer Details:

Name			
Address			
		Postcode:	
Email		Profession	

Clinical Details:

Clinical History:	
Medical Hx:	
Previous imaging	
Clinical Questions	
Working Dx	
Region Requested	

Clinician Signature: _____

Date: _____

Indications for imaging:

SHOULDER

Rotator cuff tear, tendinopathy, or calcification
Subacromial pain syndrome
Long Head Biceps Tendinopathy/Subluxation/Rupture
Shoulder Joint Effusion
Bursa Assessment

ELBOW

Common extensor origin tendinopathy/rupture
Common flexor origin tendinopathy/rupture
Distal biceps tendon rupture/tendinopathy
Olecranon bursitis
Ulnar nerve entrapment/subluxation
Ulnar and Radial collateral ligament assessment
Joint Effusion

WRIST

Assessment of the Extensor compartment of the wrist (including De Quervain's disease, intersection syndrome and ECU tenosynovitis)
Carpal Tunnel and Median Nerve Assessment
Ganglia Evaluation
Inflammatory Arthropathy
Finger Pulley and Tendon assessments
Evaluation of Foreign Bodies

FOOT AND ANKLE

Achilles Tendon Assessment
Plantar Fasciopathy/Fasciitis
Morton's Neuroma
Below Knee Musculature and Tendon Assessment
Assessment of Medial, Lateral and Anterior Ankle Ligaments
Tarsal Joint Evaluation

KNEE

Femoral Musculature and Tendon Assessment
Quadriceps and Patellar Tendon Assessment
Knee joint effusion or loose bodies
Bursal Evaluation/Bakers Cyst
Assessment of Medial and Collateral Ligaments