



# SPHENOPALATINE GANGLION BLOCK (SPG) REQUISITION



## Central Booking

Ph 780.450.1500 Toll Free 1.800.355.1755  
Fax 780.450.9551 | mic.ca



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Res: \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth: mm/dd/yyyy Age: \_\_\_\_\_  Male  Female

PHN: \_\_\_\_\_ WCB ( Y / N ) Other: \_\_\_\_\_

## Appointment Details

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

**\*ALL EXAMINATIONS\*** Please bring your Health Care card and another piece of identification with this form.

**Locations** Hys Medical Centre 202-11010 101 ST NW • Tawa Centre 200-3017 66 ST NW – *More locations to come*

### Significant Clinical History

\_\_\_\_\_  
*(requisition valid x 1 year from first appointment)*

Date of L.M.P: \_\_\_\_\_

Pregnant:  Yes  No

Patient's Signature:  
\_\_\_\_\_

### Please select from these patient indications:

- Chronic and Episodic Migraines     Cluster Headaches     Trigeminal Neuralgia and Neuritis     Post Root Canal Pain  
 Post Traumatic Facial Pain

*Tension headaches are not responsive to SPG blocks.*

### Screening questionnaire to determine if your patient is an appropriate candidate for success with an SPG Block:

#### 1. Do you have a headache at the present time? *(If the answer is yes, please answer questions A through C)*

- A. Is this your first severe headache?  Yes  No  
B. Is this the absolute worse headache you've ever experienced?  Yes  No  
C. Is this headache significantly different from any of your previous headache patterns?  Yes  No

If the answer to any of the above questions is **YES**, potential secondary causes of headache should be investigated and the patient should **not** be referred for an SPG block. **If all answers are NO, please continue.**

#### 2. In cases where the indication is migraine or cluster headache:

- A. Are the headaches described as pulsing or throbbing?  Yes  No  
B. Does the intensity of the headache get worse with position (i.e. bending over)?  Yes  No  
C. Does the intensity of the headache increase with exertion?  Yes  No

If the answer to the above three questions is **NO**, the SPG block will **not likely** benefit your patient. **If YES, please continue.**

#### 3. How long has the patient been experiencing symptoms? \_\_\_\_\_

*If less than 90 days, an SPG block may not yet be indicated until further workup.*

#### 4. What investigations have been completed to diagnose these headaches?

#### 5. What medications are currently used for symptom/headache control?

\_\_\_\_\_  
*The device required for this procedure is available from MIC at cost.*

Practitioner's Name: \_\_\_\_\_

Practitioner's Address: \_\_\_\_\_

Clinic Ph: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Copy to: \_\_\_\_\_ Fax Copy: \_\_\_\_\_

Signature: \_\_\_\_\_

Official Diagnostic Imaging Provider for:

Practitioner's Stamp  
& Practice ID

