

Concussion Referral Form

A. DEMOGRAPHIC		
Last Name	First Name	Preferred Name
DOB (DD-MM-YY)	Personal Health Care Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:
Address	City, Province, Postal Code	Email Address
Home Telephone	Cell	Interpreter Required <input type="checkbox"/> Yes <input type="checkbox"/> No Language Spoken: _____
Do you self-identify as Aboriginal/Indigenous? If so, <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Other: <input type="checkbox"/> Non-Status <input type="checkbox"/> Status		

B. REFERRAL SOURCE			
Referring Person	Occupation	Telephone	Email
Primary Health Care Provider	Telephone	Fax Number	

C. CONCUSSION INFORMATION	
Date of Injury: _____	** Referrals accepted within 12 months of injury **
Mechanism of Injury: _____	
Reason For Referral:	** If eligible for services with ICBC or WorkSafeBC, referral will not be accepted **

D. DIAGNOSTIC CRITERIA – Client must have a diagnosis of concussion prior to receiving service	
1. Any loss of consciousness (up to 30 minutes)	<input type="checkbox"/> Yes <input type="checkbox"/> No Duration: _____
2. After 30 minutes, an initial Glasgow Coma Scale (GCS) of 13 or above	<input type="checkbox"/> Yes <input type="checkbox"/> No GCS Score: _____
3. Any loss of memory of events immediately before or after the accident (not to exceed a 24 hour span of time)	<input type="checkbox"/> Yes <input type="checkbox"/> No Duration: _____
4. Any alteration in mental state at the time of the accident (e.g. feeling dazed, disoriented or confused)	<input type="checkbox"/> Yes <input type="checkbox"/> No Duration: _____
** If symptom severity exceeds criteria above consider referral to Fraser Health Acquired Brain Injury **	
Any other relevant diagnosis: (prior concussions, mental health history, substance use, learning difficulties, brain injuries or any other injuries sustained at the same time as the concussion) _____	
