**Concussion Services**



201 - 9440 202 Street

**Concussion Referral Form**

Langley, BC V1M 4A6 Office: 604-514-7431

Fax: 604-528-5454

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| **A. DEMOGRAPHIC** | | | | | | |
| Last Name: | First Name: | | | Preferred Name: | | |
| DOB (DD-MM-YY): | Personal Health Care Number: | | | Interpreter Required: ☐ Yes ☐ No  Language Spoken:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Address ( City, Province, Postal Code): | | | | | | |
| Home Telephone: | Cell: | | | Email: | | |
| Pronouns:  He/Him/His  She/ Her/ Hers  They/Them/ Theirs  Unknown  Other; (please specify): | | | | | | |
| Gender:  Male  Female  Non-Binary  Other; ( please specify): | | | | | | |
| Do you wish to identify as an Aboriginal / Indigenous person?  Yes  No  Prefer not to answer | | | | | | |
| If yes, select **all** that apply:  First Nations  Inuit  Metis  Status Indian  Non-Status Indian  Other (please specify): | | | | | | |
| **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) | Yes  No Duration: | | 2. After 30 minutes, an initial Glasgow Coma Scale (GCS) of 13 or above | Yes  No Duration: | | 3. Any loss of memory of events immediately before or after the injury (not to exceed a  24 hours span of time) | Yes  No Duration: | | 4. Any alteration in mental state at the time of the injury (e.g. feeling dazed, disoriented  or confused) | Yes  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): | | | | | | |

July 2023