**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** |
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| 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