

Rapid Neurology Concussion Clinic Referral Form

**Please Fax Referral to 416-203-3684 or Email to** [**jacqueline.allen@sinaihealth.ca**](mailto:jacqueline.allen@sinaihealth.ca)

**For Inquiries, call 416-586-4800 x8597 (Option #4 for Dr. Robert Ure)**

**Program description:** The rapid concussion clinic aims to treat patients with acute mild traumatic brain injuries or concussion with onset within 3 months. It is our goal to see patients within 2-4 weeks of referral to initiate early optimal counselling, medical or procedural (e.g. cranial nerve blocks) treatments.

**Note:** Patients with moderate to severe brain injuries (e.g. abnormal neuro-imaging) should be referred to a tertiary brain injury clinic.

**Referral Date** (dd/mm/yyyy):

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| **Patient Information**  **Name (last, first): Gender: D.O.B (dd/mm/yyyy): Health Card #: VC**: **Language/Translator Required: Phone #: Email:**  **Current Patient Location and Address: Unit: Unit phone number: Family physician if known:**  **Referral Information**  **Referring MD/NP: Billing #: Referring Organization (if applicable):** |
| **Patient Medical Information**  **Date of Concussion (must be within 3 months):**  **Reason for referral/main symptoms:**        **Relevant medical history:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Medications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please attach any relevant notes or investigations** |