

**Patient Information:** Please fax completed referral to 236-420-1159

Patient Name (First, Middle, Last)		Birth Date (mm-dd-yyyy)	
Patient Email		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Address		City	
Province	Postal Code	Primary Care Provider:	
Home Phone	Alternate Phone	Mobile Work Other	Parent Name (if minor)

**Insurance information (Must complete all that is applicable)**

Personal Health Insurance Number:	Issuing Province:
ICBC Claim Number:	Date of Injury:
Work Safe Claim Number:	Date of Injury:

**Referring Provider Information:**

Referring Practitioner Name:	Referral Date (mm-dd-yyyy)
Phone:	Fax:
Physician Signature:	Practitioner Billing Number:

**Injury Information:** **MUST BE COMPLETED** If not complete – referral will be returned

<b><u>This referral is to:</u></b> (must select)	
<input type="checkbox"/> Concussion Specialist consult (Neurologist / Psychiatrist / Physiatrist) n/c referral MSP# 64654 <input type="checkbox"/> Rehabilitation / Counselling only (refer to website for rehab options provided)	
<b>Injury Date:</b> mm-dd-yy: _____	
<b>Cause:</b> <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> MVA vs Pedestrian <input type="checkbox"/> WorkSafe <input type="checkbox"/> Fall <input type="checkbox"/> Assault <input type="checkbox"/> Stroke <input type="checkbox"/> Sports Injury (type of sport): _____ Other (specify): _____	

<b>Diagnosis:</b> <input type="checkbox"/> Concussion with LOC <input type="checkbox"/> Concussion w/o LOC <input type="checkbox"/> Concussion (unspecified)	
Loss of consciousness: Duration: _____	Dazed and confused: Duration: _____
Post Traumatic Amnesia: Duration: _____	Other: _____
Has the patient previously been seen by a specialist / neurologist? Yes / No (attach consults/supporting documents)	
Was Imaging done? Yes / No <input type="checkbox"/> X-ray <input type="checkbox"/> Ultrasound <input type="checkbox"/> CT <input type="checkbox"/> MRI (attach imaging records to referral)	