



GLEN SATHER SPORTS MEDICINE CLINIC

Complex Concussion Referral Request Form

An assembled expert team of concussion rehabilitation professionals in one place.

Please complete and return this form by fax 780-407-5667 or email psoriano@ualberta.ca

Please Note: This clinic will not see any WCB or MVA cases.

Referral Guidelines

This clinic is a multi-disciplinary clinic that takes place once a month for patients with prolonged concussion symptoms of **1-12 months directly related to Sport Concussion**. There is a charge of \$695.00 to the patient for services not covered by Alberta Health (Physical Therapy Assessment, Neuropsychology).

***This clinic excludes medical-legal opinions: the focus of this group is to assess and establish a patient centered plan for post-concussion rehabilitation.**

Patient Details

Name:	Address:
Date of Birth:	Telephone Home: Cell:
PHN:	Referring MD Telephone Fax:

Reason for Referral:

What is the primary reason you are referring this patient:

Date of Concussion: _____

Sport Caused Concussion

Is this a Sport Related Concussion? Yes No

Is this related to WCB? Yes No

Is this related to a Motor Vehicle Collision? Yes No

Is a headache waking them up during the night? Yes No

Has this patient been treated for acute mental illness within the last 3-6 months? Yes No

Details: _____

Any current substance abuse? Yes No

Details: _____

Describe this mechanism of injury in detail:

Interventions completed at time of referral:

<p>Current level of physical activity:</p> <hr/>
<p>Current level of mental activity (Work or School – Part- time/ Full-time):</p> <hr/>
<p>Medications:</p> <hr/> <hr/>
<p>Physical treatments (frequency and type):</p> <hr/> <hr/>
<p>Past Concussion History:</p> <hr/> <hr/>
<p>Other Medical History: (Please include surgeries and hospitalizations)</p> <hr/> <hr/> <hr/>

Referring Health Professional Information:

Name (Print) _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

PRAC ID: _____

Date: _____

Signature: _____

Please Note: We do not accept any referrals without this form.