REFERRAL TO
360 CONCUSSION CARE

www.360concussioncare.com

LOCATIONS:

2451 Riverside Drive
Ottawa, ON, K1H 7X7
T: 613-668-0360
F: 1-866-740-4694
info.ottawa
@360concussioncare.com

40 Holly Street, Unit 901
Toronto, ON, M4S 3C3
T: 416-816-0775
F: 1-833-939-2034
info.toronto
@360concussioncare.com

77 City Centre Drive, Suite 604
Mississauga, ON, L5B 1M5
T: 416-816-0775
F: 1-833-939-2034
info.toronto
@360concussioncare.com

Inclusion Criteria:

- Any patient of any age with suspected mild traumatic brain injury (i.e., concussion) from an injury that occurred less than 12 months ago for children and youth and/ or less than 6 months ago for adults (18+).

Exclusion Criteria:

- Evidence of structural brain injury/intracranial bleeding on neuroimaging
- Hospitalization for management of a traumatic brain injury for >24 hours
- Injury occurred >12 months ago for pediatrics OR >6 months ago for adults

REASON FOR REFERRAL (PLEASE INCLUDE RELEVANT MEDICAL REPORTS)

Date of Injury (DD/MM/YYYY) : _____

◯ Sports - related Injury
◯ Motor- vehicle collision (MVC)
◯ Work- related injury (WSIB)
◯ Other

◯ Acute (<2 weeks) from date of Injury
◯ Sub- acute (2 weeks - 12 weeks) from date of injury
◯ Prolonged (3-6 months for adults: 3-12 months for pediatrics) from date of injury

Has the patient had any neuroimaging and/or neck imaging done? ◯ Yes ◯ No If the answer is Yes, please attach report.

Reason for consultation : _____

_____

_____

PATIENT INFORMATION

First Name: _____ Last Name: _____

Birth Date (DD/MM/YYYY): _____ Gender: ◯ Male ◯ Female ◯ Other

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Alternate: _____

OHIP/RAMG Number: _____

10 Digit OHIP #/ 12 Digit RAMQ # Version Code (OHIP)

REFERRED BY (OR STAMP)

Please provide the fax number and address of your preferred office location where you would like the consult note to be sent for your review.

Name: _____ Physician Billing number : _____

Phone : _____ Fax : _____

Signature : _____ Date : _____

PLEASE FAX REFERRAL TO

Ottawa Location:
Please **FAX** referrals to **1-866-740-4694**

Toronto/Mississagua Locations:
Please **FAX** referrals to **1-833-939-2034**