

Neuro Rehab Clinic Referrals

(rehab of head and back Injuries)

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Form can be faxed directly to the clinic. The clinic will call the patient with a follow up appointment.

Patient Name:

Health #

Age:

Phone Number:

Physician:

OHIP #:

Patients must meet the following criteria for referral :

Head Injury/ Concussion patients

- Patients with a closed head injury
- No loss of consciousness
- GCS 15
- CT head normal
- Normal neurologic exam

Spine Pain Patients

- Normal CT scan of the area in question.
C spine, T spine or L spine
- No evidence of Bowel bladder dysfunction
- No drop foot
- May have a radiculopathy without significant motor weakness

Head Trauma

- ☐ Concussion (MTBI)
- ☐ Head Injury
- ☐ Post-Concussive Syndrome

Spine

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Neurogenic |
| <input type="checkbox"/> Lumbar | <input type="checkbox"/> Traumatic |

Pertinent Patient History

<input type="checkbox"/> Age_____	Describe Injury
	Head Injury - Mechanism _____
	- Any prior symptoms _____
	- Current symptoms _____
	Back Pain - Acute, chronic/acute _____
	on chronic _____
	- Mechanism _____