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## Referral Form

**Client Name:** \_\_\_\_\_  
(Last) (First)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Male:**  **Female:**  **Other:**  **Phone #:** \_\_\_\_\_  
YYYY MM DD

**Home Address:** \_\_\_\_\_

**Alternate contact:** \_\_\_\_\_  
(Name) (Relationship) (Phone #)

**Referral Source:** \_\_\_\_\_ **Relationship to client:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY MM DD

**Date of Injury/Event (if applicable):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY MM DD

**Diagnosis:** \_\_\_\_\_

**Brief Description of Presenting Problem / Injury:**

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**Nature of Service(s) Requested:**

- |  |   |
|--|---|
| <input type="checkbox"/> Neuropsychological Assessment   | <input type="checkbox"/> Cognitive Rehabilitation |
| <input type="checkbox"/> Psychological Assessment        | <input type="checkbox"/> Psychological Therapy    |
| <input type="checkbox"/> Concussion Management/Education |   |



**Reports Included:**

- GP problem list
- Head imaging (CT, MRI)
- Cervical spine imaging
- Neurology/Neurosurgery
- Neuro-/ Optometry /  
Neuro-/Ophthalmology
- Initial documents post-  
injury (EMS, ER, GP)
- Medication list
- ENT
- Occupational therapy
- Consult/Discharge Note(s)
- Physiotherapy
- Neuro/Psychology
- Speech language  
pathology
- Social work

**CURRENT SYMPTOMS**

**PHYSICAL:** (please check all that apply)

- Paresis/paralysis
- Mobility
- Vision issues (blurred or  
double vision)
- Pain
- Headache
- Tinnitus
- Fatigue
- Photo/phono phobia
- Sensory issues
- Balance
- Dizziness
- Vertigo

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PSYCHOLOGICAL/BEHAVIOURAL:** (please check all that apply)

- Anxiety
- Low mood
- Anger/irritability
- OCD
- Adjustment
- Psychosis
- Post-concussion  
syndrome
- Sleep difficulties
- Alcohol/substance  
misuse
- Trauma/PTSD
- Suicide Risk
- Sexual  
Inappropriateness

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COGNITIVE STATUS:**

Please comment on any presenting cognitive difficulties (e.g., memory, attention, problem solving):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_