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## Concussion Referral Note

\_\_\_\_\_ has been assessed as having suffered either a suspected or confirmed concussion on \_\_\_\_\_ (date)

A SCAT5 Evaluation form is / is not attached

The patient has been referred:

- to \_\_\_\_\_ hospital for further evaluation
- home with a responsible adult for monitoring.

It is recommended that the guidelines on this form are strictly adhered to and that Dr \_\_\_\_\_ at contact number \_\_\_\_\_ is consulted for further evaluation and advice.

Referred by: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Tel no.: \_\_\_\_\_