



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.: _____