



DT9612

**SERVICE REQUEST
MILD TRAUMATIC BRAIN INJURY
AND CONCUSSION (mTBI/C) TEAM**

Patient's first and last name			
Health insurance number	Year	Month	Expiry
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code	E-mail address		

TRAUMATIC INJURY

Date of injury	Year	Month	Day	Time	hh : mm	Date of assessment	Year	Month	Day	Time	hh : mm
----------------	------	-------	-----	------	---------	--------------------	------	-------	-----	------	---------

REFERRED BY

Emergency
 GMF/GMF-U/GMF-R
 Private medical clinic
 Care unit
 Other:

DIAGNOSIS

Manifestations must not be solely due to intoxication, nor be caused by other injuries or the treatment of other injuries, nor be the result solely of other problems, nor be caused by a penetrating TBI.

<input type="checkbox"/> mTBI with objective criteria Glasgow coma scale: ___ / 15 Check at least one box <ul style="list-style-type: none"> <input type="checkbox"/> Altered state of consciousness after trauma <input type="checkbox"/> Loss of consciousness <30 min <input type="checkbox"/> Retrograde or anterograde amnesia (<24 hrs) <input type="checkbox"/> Signs of transient neurological damage or intracranial lesion not requiring surgery 	<input type="checkbox"/> Probable C or mTBI with no objective criteria Symptoms: Additional comments:
---	--

CONTEXT OF THE INJURY

Sport/Leisure
 Fall
 Road accident
 Work
 Violence
 Other (specify):

Other injuries associated with the incident:

INITIAL BEHAVIOUR AND SUPPORT

Were the INESSS information tools given and explained to the user? Yes No
 Does the user have everyday assistance? Yes No

CLINICAL DOCUMENTATION TO BE ATTACHED, IF NOT OTHERWISE AVAILABLE, FOR THE mTBI/C TEAM

<input type="checkbox"/> Prehospital transportation form <input type="checkbox"/> Multiple trauma victim care form (AH-450)	<input type="checkbox"/> Triage sheet, progress notes or nursing notes <input type="checkbox"/> Laboratory or examination results <input type="checkbox"/> Consultation where applicable
--	--

CONSENT

I, _____ (user's first name and surname),

give permission for my medical record of my mTBI/C to be sent to my region's mTBI/C team. I agree to be contacted for follow-up, and I agree that the follow-up information may be sent in writing to the family physician.

give permission for my e-mail address to be used as a means of communication.

User's signature	Date	Year	Month	Day
-------------------------	-------------	------	-------	-----

IDENTIFICATION DU PROFESSIONNEL AU DOSSIER ET DU POINT DE SERVICE

Name of referring professional		Licence number (where applicable)	Name of service point	
Reg.Code	Telephone no.	Ext.	Reg.Code	Fax no.

Professional's signature	Date	Year	Month	Day
---------------------------------	-------------	------	-------	-----

FAMILY PHYSICIAN SAME AS REFERRING PROFESSIONAL USER WITH NO FAMILY PHYSICIAN

Name of family physician	Name of service point
--------------------------	-----------------------

To identify and forward your request, please consult the contact details of the teams responsible at the following link:
<https://www.msss.gouv.qc.ca/professionnels/traumatismes-et-traumatologie/commotion-cerebrale/organisation-services/>

RELEVANT CLINICAL TOOLS FOR EVALUATION

- Scale of symptoms
 - Rivermead (English) (http://www.tbi-impact.org/cde/mod_templates/12_F_06_Rivermead.pdf)
 - SCAT5 (<https://www.inesss.qc.ca/fileadmin/doc/INESSS/FECST/Publications/SCAT5/Scat5-adultes-EN.pdf>)
 - Pediatric SCAT5 (<https://www.inesss.qc.ca/fileadmin/doc/INESSS/FECST/Publications/SCAT5/Scat5-enfants-EN.pdf>)
- Algorithm for risk management of severe neurological complications following TBI
 - Adult (https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Traumatologie/Decision_making_algorithm_MTBI_Adult_2021.pdf)
 - Child (https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Traumatologie/Decision_making_algorithm_MTBI_Pediatric_2021.pdf)

RISK FACTORS FOR SLOWER RECOVERY TO BE CONSIDERED

Risk factors for slower recovery to be considered	Based on clinical experience with adults
<ul style="list-style-type: none">• Age (older adolescents)• Gender (female)• Personal or family medical history of migraine• Medical history of learning or behavioural disorders• Personal or family medical history of mental health issues• Family's socio-economic situation• Family's level of education• Significant pre-TBI symptoms	<ul style="list-style-type: none">• Psychological distress, anxiety, depression, post-traumatic stress, mental health problems• Demanding environment at work or in family or social roles; performance-focused personality, burn-out, no flexibility• Anguish about symptoms, fear, catastrophic thoughts, inactive or sedentary lifestyle• Unsuccessful therapeutic trials• Dissatisfaction at work (relations, organization, stress)• Emotional aspect of the accident