



EARLY INTERVENTION AND REHABILITATION TEAM FOR MILD TRAUMATIC BRAIN INJURY AND CONCUSSION (mTBI/C)

		Year	Month						
Expiry									
Parent's first and last name									
Area code Phone number (alt.)									
		Area code Pho	Area code Phone numb						

TRAUMATIC I	NJURY											
Date of	Year	Month D	ay Time	hh : mm		_	Year	Month	Day	Time	hh :	mm
injury	V				asses	sment						
REFERRED B		1.12			D: 1 "	1 1: 1:			211			
Emergency r	room ∟ Pi	ıblic medica	I clinic/NP	_ CLSC ∟	Private medic	al clinic	☐ Care	unit 🔲 (Other: _			
DIAGNOSIS		- - - - -	into inotion		l le contient			4 - f - H v				-16
Manifestations r other problems,				nor be caused	a by other inju	ies or tri	e treatmen	t of other	injuries,	nor be the	e result soi	ely of
mTBI w	vith objectiv	e criteria										
Glasgow coma scale:/ 15 Probable mTBI/Concussion												
	at least one					Sympt	oms appea	red within	48 to 7	2 hours:		
			ess after traur	na								
	s of conscio											
	ŭ	Ü	amnesia (<24	,		Additio	nal comme	ents:				
	ns of transieı on not requir		cal damage o	r intracranial								
CONTEXT OF			a adala mata — —	Marila DV	olence C	the end (en	: 6 - \ -					
Sport/Leisure			ccident \Box		olence LLC	tner (sp	ecify):					
Other injuries as	ssociated wit	n the incluer	п									
CLINICAL AN	D MEDICA	I HISTOR	V									
Previous mTBI/C				, [No							
Diagnoses prior							/					
Diagnoses prior								/	□No)		
INITIAL BEHA				orogroui probio				,				
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Does the user h		-	•	No	? L 162 L	_ INO						
CLINICAL DO				_	OTHEDWIS	= ^\/^!	ARIE E	OP THE	mTRI/	C TEAM		
			DE AI IACH	ED, IF NOT						CIEAW		
							ory results (ethanol and drugs) or other imaging tests					
							notes and consultations					
CONSENT	., progress	0100 01 110101	g notes			aroar riot	oo ana oon	00.101.10				
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User's signate									ate			
IDENTIFICATION		E PROFES	SIONAL IN									
Name of referring p	rofessional			Licence	e number (where	applicable)	Name of se	ervice point				
Reg.Code Telep	ohone no.			Ext.	Reg.Cod	e Fax	no.					
Professional's	s signature	•							ate	Year	Month 	Day
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FAMILY PHYSICIAN SAME AS REFERRING PROFESSIONAL USER WITH Name of family physician						n wiifii	NO 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 (http://www.tbi-impact.org/cde/mod_templates/12_F_06_Rivermead.pdf)
- · Tools for assessing concussion in sport
 - > SCOAT6 (https://cdn.agmse.org/files/2023/09/15141832/scoat-6.pdf)
 - > Child SCOAT6 (https://cdn.aqmse.org/files/2023/09/15141800/child-scoat-6-1.pdf)
- Decision-Making Algorithm for Assessing and Managing the Risk of Severe Neurological complications Following mTBI
 - > 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)

INFORMATION AND EDUCATIONAL TOOLS

- Mild Traumatic Brain Injury: Advice for gradually resuming intellectual, physical and sports activities https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Traumatologie/INESSS TCCL Depliant ANG.pdf
- > Follow-Up Sheet https://www.inesss.gc.ca/fileadmin/doc/INESSS/Rapports/Traumatologie/INESSS_TCCL_Feuille_de_suivi_ANG.pdf