



DT9612

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

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													
<input type="checkbox"/> Emergency room <input type="checkbox"/> Public medical clinic/NP <input type="checkbox"/> CLSC <input type="checkbox"/> Private medical clinic <input type="checkbox"/> Care unit <input type="checkbox"/> 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 <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 mTBI/Concussion Symptoms appeared within 48 to 72 hours: Additional comments:							
CONTEXT OF THE INJURY													
<input type="checkbox"/> Sport/Leisure <input type="checkbox"/> Fall <input type="checkbox"/> Road accident <input type="checkbox"/> Work <input type="checkbox"/> Violence <input type="checkbox"/> Other (specify): Other injuries associated with the incident:													
CLINICAL AND MEDICAL HISTORY													
Previous mTBI/C : <input type="checkbox"/> Yes Date: / <input type="checkbox"/> No Diagnoses prior to mTBI/C related to mental health: <input type="checkbox"/> Yes Date: / <input type="checkbox"/> No Diagnoses prior to mTBI/C related to a cognitive or neurological problem: <input type="checkbox"/> Yes Date: / <input type="checkbox"/> No													
INITIAL BEHAVIOUR AND SUPPORT													
Were the INESSS information tools given and explained to the user? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the user have everyday assistance? <input type="checkbox"/> Yes <input type="checkbox"/> 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 results (ethanol and drugs) <input type="checkbox"/> CT scan or other imaging tests <input type="checkbox"/> Medical notes and consultations							
CONSENT													
I, _____ (user's first name and surname), <input type="checkbox"/> 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. <input type="checkbox"/> give permission for my e-mail address to be used as a means of communication.													
User's signature						Date		Year		Month		Day	
IDENTIFICATION OF THE PROFESSIONAL IN THE FILE AND THE POINT OF 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 <input type="checkbox"/> SAME AS REFERRING PROFESSIONAL <input type="checkbox"/> 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 (http://www.tbi-impact.org/cde/mod_templates/12_F_06_Rivermead.pdf)
- Tools for assessing concussion in sport
 - SCOAT6 (<https://cdn.aqmse.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.qc.ca/fileadmin/doc/INESSS/Rapports/Traumatologie/INESSS_TCCL_Feuille_de_suivi_ANG.pdf