pan am CONCUSSION PROGRAM

Winnipeg Regional Health Authority *Caring for Health* | Office régional de la santé de Winnipeg *À l'écoute de notre santé*

CONCUSSION REFERRAL FORM

Name: _____ _____
LAST FIRST / MIDDLE

DOB: _____ PHIN: _____ MB REG: _____
DD / MM / YYYY 9-DIGIT 6-DIGIT

Address: _____
STREET CITY PROVINCE POSTAL CODE

Phone: _____ _____ _____
HOME WORK CELL

Clinical History & Present Symptoms: _____

_____

_____

Past Medical History: _____

_____

_____

Current Medications: _____

_____

Investigations and Results (CT, MRI, Neuropsychological Testing, etc.):

_____

_____

_____

Previous Consultations/Treatments:

_____

_____

_____

Referring Physician: _____ _____
PRINT SIGNATURE

Billing #: _____ Address: _____

Telephone: (_____)_____ Fax: (_____)_____

IMPORTANT

Patients will be seen at the Concussion Program located on the **2nd Floor** of the **MTS Icepex**, **3969 Portage Avenue** (just outside the west perimeter). Please forward all diagnostic imaging studies in CD form with reports, neuropsychological testing results, and consultation records along with the patient referral to the mailing address below:

Dr. Michael Ellis
Pan Am Clinic – Concussion Program
75 Poseidon Bay, Winnipeg, MB R3M 3E4
T: (204) 927-2766 F: (204) 927-2768