



NUNAVUT GENDER BASED VIOLENCE TRAUMATIC BRAIN INJURY PROGRAM REFERRAL FORM

Patient Name: _____ (last), _____ (first)

DOB(DD/MM/YYYY): _____ Nunavut health #: _____

Address: _____

Preferred telephone number: _____

Does patient require language interpretation services? No Yes , (if yes, specify preferred language and dialect): _____

Has patient been recently transferred to Winnipeg for emergency medical care? Yes No

Patient age: _____ Patient sex: Male Female Other

Date of Injury: _____

Clinical History and Present Symptoms:

Past Medical History:

Current Medications:

Previous Investigations, Results, Consultations (e.g x-ray, CT, mental health worker):

Referring healthcare provider:

_____ (print); _____ (signature)

This referral form is only to be used by healthcare providers caring for patients who sustain gender-based violence-related head trauma and non-fatal strangulation injuries in Nunavut who are safe to undergo elective consultation in Winnipeg, Manitoba. It is not to be used for patients in need of emergency medical care. Please visit www.panamclinic.org/departments/concussion-program/ for more information. Completed forms may be faxed to 204-927-2768