



www.360concussioncare.com

REFERRAL TO 360 CONCUSSION CARE

Ottawa Location:

2451 Riverside Drive
Ottawa, ON, K1H 7X7
T: 613-668-0360
F: 1-866-740-4694

info.ottawa@360concussioncare.com

Toronto Location:

40 Holly Street, Unit 901
Toronto, ON, M4S 3C3
T: 416-816-0775
F: 1-833-939-2034

info.toronto@360concussioncare.com

Note: Most physician services are covered by OHIP. Initial consultations will include an Occupational Therapist assessment (self-pay). Physiotherapy and/or psychologist services may be recommended (self-pay).

REASON FOR REFERRAL (please include relevant medical reports)

Date of Injury: _____

- Acute** (<2 weeks) from date of injury
- Sub-acute** (2 weeks-12 weeks) from date of injury
- Prolonged** (12 weeks- 1 year) from date of injury
- Chronic** (>1 year) from date of injury
- Other:** _____

Reason for consultation/specific symptom:

PATIENT INFORMATION (or label)

Name: _____
Last First

Date of Birth: _____ **Male** **Female** **Other**
DD/MM/YYYY

Address: _____
Street# Street Name City Province Postal Code

Phone: _____ **Alternate:** _____

OHIP/RAMQ number: _____
10 Digit OHIP#/12 Digit RAMQ Version Code (OHIP)

REFERRED BY (or stamp)

Name: _____ **Physician billing number:** _____

Phone: _____ **Fax:** _____

Signature: _____ **Date:** _____

PLEASE FAX REFERRAL TO

Ottawa Location:

Please FAX referrals to **1-866-740-4694**

Toronto Location:

Please FAX referrals to **1-833-939-2034**