NEUROLOGY CENTRE OF TORONTO

Neurology Centre of Toronto
100-491 Eglinton Ave West ♦ Toronto, ON ♦ M5N 1A8
Phone: 416-860-7554♦ Fax: 416-860-7559
admin@neurologycentretoronto.com

REFERRAL FOR OCCUPATIONAL THERAPY: CONCUSSION

== NEUROLOGY CENTRE OF TORONTO (NCT) ==

Jenni Diamond, MScOT, OT Reg. (Ont.)

PATIENT CONTACT INFORMATION:

Last Name:
First Name:
Date of Birth:
OHIP Number:
Version Code:

Street Address:
City:
Postal Code:
Home Phone:
Mobile Phone:
Email:

PLEASE SEE PATIENT FOR:

- ❏ Return to normal work/school/activity
- ❏ Active rehabilitation program
- ❏ Energy conservation and fatigue
- ❏ Sleep hygiene
- ❏ Stress management
- ❏ Cognitive difficulties
- ❏ Other: ______________________

ADDITIONAL INFORMATION: include relevant laboratory, imaging, neurophysiology results, etc.

Patient was notified services are not covered by OHIP: ❏ (Please check)

Patient was involved in a motor vehicle accident (MVA): ❏ Yes ❏ No

If MVA: An OCF-18 form has already been completed for this patient: ❏ Yes ❏ No

If Yes, provider who completed the form: ________________________________

Is this patient presently seeing a neurologist? ❏ Yes ❏ No

If Yes, name of treating neurologist: ________________________________

OCCUPATIONAL THERAPY REFERRAL CRITERIA

Age 12+ years at time of referral.
Diagnosis of concussion, post-concussion syndrome, or persistent concussion symptoms.
Able to participate in a 60-minute direct therapy session.

Referring Individual:

Name of Practice (if applicable):

Address:

Phone:

Fax:

Email:

Current Date:

Send completed consultation requests to Neurology Centre of Toronto (NCT)
by ***fax 416.860.7559*** *or* ***email coordinator@neurologcentretoronto.com,***
with subject line "OT Referral"