

Concussion services

The concussion centre is part of Holland Bloorview Kids Rehabilitation Hospital, Canada's largest pediatric rehabilitation hospital. Our centre offers a wide range of concussion services, all with the goal of getting youth who have experienced a concussion back to the activities that are important to them.

Early concussion care program (≤ 4 weeks since injury)

This program provides concussion services to children and youth (18 years and under) within 4 weeks of injury. Our concussion services utilize a holistic and individualized approach to supporting children and youth. Our team of physicians and nurse practitioners and allied health professionals provide physical, cognitive, and psychosocial assessments in combination with clinical expertise in concussion to support symptom management, return-to-school recommendations, and facilitate safe return-to-sport and leisure participation. This is a partially OHIP funded service, our allied health professionals may be covered by your health insurance.

For more information contact: 416-425-6220 x 3119

Persistent symptoms program (>4 weeks since injury)

Holland Bloorview has the largest multidisciplinary pediatric persistent symptoms clinic in Ontario. This program offers clinical consultation services for child and youth with persistent and complex concussion symptoms. If symptoms persist for longer than 4 weeks, and your child is unable to return to full workload at school or unable to return to sport and physical activity, a physician may refer them to these concussion services for consultation. All of these services are covered by OHIP, and may include: medical follow-up with a physician who is an expert in brain injury, neuropsychology, occupational therapy, physiotherapy, and social work. Services are individualized and depend on the client's goals and priorities.

For more information contact: 416-425-6220 x 3239

Steps to take for a suspected concussion

STEP 1: Remove youth with a suspected concussion from activity

STEP 2: See a medical doctor or nurse practitioner for medical assessment and diagnosis as soon as possible

If youth is experiencing any 'Red Flag' Symptoms:

- Headaches that worsen
- Seizures
- Repeated vomiting
- Looks very drowsy/can't be awakened
- Unusual behavioural change
- Slurred speech
- Can't recognize people or places
- Increasing confusion or irritability
- Weakness or numbness in arms/legs
- Persistent or increasing neck pain
- Change in stage of consciousness
- Focal neurologic signs (e.g. paralysis, weakness, etc.)

Call 911 immediately or go to nearest Emergency Department

If youth is experiencing general concussion symptoms:

Physical: Headaches, nausea, dizziness, sensitivity to light and noise

Mental: Fogginess and difficulty thinking, feeling slowed down, difficulty concentrating and remembering

Sleep: Sleeping more or less than usual, difficulty falling asleep and staying asleep

Emotional and Behavioural: Sadness, anger, frustration, nervousness/anxious, irritable

Schedule an appointment with a medical doctor or NP immediately

STEP 3: Was a concussion diagnosis received from medical assessment?

Yes

Have physician/NP fax referral to Holland Bloorview for concussion services (see next page or [website](#) for our referral form)

Family will be called to schedule an appointment once referral has been received. See [website](#) for education and management information

No

Parent monitors youth for 24-48 hours. If symptoms appear or worsen return to step 2 for further assessment

To return to sport, a medical note stating no concussion may be needed

Referral Criteria- Early Concussion Care Services

It is important to seek a medical assessment as soon as possible following a suspected concussion in order to rule out a more severe head injury and obtain a concussion diagnosis.

In order to be eligible for this service a **Physician or Nurse Practitioner referral is required** and the client must meet **all of** the following criteria:

- Client must have received a **diagnosis of a concussion**
- Referral must be made **within 4 weeks of injury**
- For questions or concerns please contact 416-425-6220 Ext. 3119
- Please use fax number located on referral form below to fax in completed referral
- Once referral is received the client will be contacted as soon as possible directly

****The client/family must be aware of the referral***

PHYSICIAN REFERRAL FORM – EARLY CARE CONCUSSION SERVICES

Please complete all sections of this form as incomplete forms will result in processing delays.

NOTE: This information will be shared with Holland Bloorview staff as required.

Family is aware of this referral: Yes (must be checked) Referral Date: _____ (dd/mm/yy)

CLIENT INFORMATION:

Client Name: _____
Last Name First Name Middle Initial

Date of Birth: _____ Male Female
Day / Month / Year

Client Address: _____ City: _____

Province: _____ Postal Code: _____ Tel.: _____

Health Card Number: _____ Version Code: _____

Interim Federal Health Program (IFHP) Health Card In Process

PARENT(S) OR GUARDIAN(S):

Name(s): _____

Address (if different from client) _____

Email: _____

Tel. (home): _____ Tel. (work): _____ Tel. (cell): _____

MEDICAL INFORMATION:

Primary Diagnosis: _____ Date of Injury: _____

Medical History/Allergies: _____

Concussion History: _____

REFERRING PHYSICIAN INFORMATION:

Name: _____

OHIP Billing Number: _____

Hospital: _____

Telephone: _____ Fax: _____

Signature: _____

Primary Care Physician (if different from referring physician): _____

Please fax your completed Referral Form to Appointment Services: (416) 422-7036