Date:

Dear Dr.__________________,

Thank you very much for continuing to care for ________________. We require that the information below be communicated in order to continue our documentation of __________ concussion. Thank you.

Regards,

The Health Centre
Avia Peacock, RN
Cindy Lima Rivera, RN
Gina Suva, RN (Prepatatory School)
Sonya Pridmore, CAT (C)
Upper Canada College
Health Centre
200/220 Lonsdale Road
Toronto, Ontario
M4V 1W6
Tel.: 416-488-1125 ext. 2270 or 4911 (prep)
Fax: 416-484-8611

Specific instructions regarding physical activity (ie: clearance to begin RTP process?; other activity level?; or phys. ed class?):

Specific instructions regarding cognitive activity (ie: homework, assignments, test/exams completion, reading, use of computers):

Next follow up appointment:_________________________________

Printed Name: ___________________________________________

Signed:_______________________________ Date: ____________________________