

Referral Flowchart

Step	Clinical Findings / Criteria	Recommended Referral	Notes
Initial Assessment	Identify concussion symptoms via SCAT6 and clinical examination	-	Proceed with symptom monitoring and management
Red Flags / Urgent	Severe headache worsening, repeated vomiting, seizures, decreased consciousness, focal neurological signs	Emergency Department	Immediate urgent evaluation required
Persistent Vestibular Symptoms	Ongoing dizziness, balance problems, abnormal VOMS or BESS findings	Vestibular Physiotherapist	Vestibular rehabilitation focus
Mood / Psychological Symptoms	Anxiety, depression, irritability, mood swings, PTSD symptoms	Psychologist / Psychiatrist	Mental health support essential
Cognitive Difficulties	Memory, concentration, executive dysfunction impacting daily life	Neuropsychologist	Detailed cognitive assessment and rehab
Suspected Structural Injury	Signs suggesting intracranial bleed or structural brain injury (worsening symptoms, focal signs)	Neurologist / Imaging (CT/MRI)	Imaging and specialist evaluation required
Slow or No Recovery	Symptoms persist beyond expected timeframe despite conservative management	Multidisciplinary Team Review	Coordinated care plan and advanced management
Follow-Up	Routine symptom progression monitoring	Primary Clinician	Regular reviews and reassessment