



Concussion Form

TODAY'S DATE:

PATIENT INFORMATION

Last Name: First Name: MI: Birth Date:

CONCUSSION SPECIFICS

Date/Time of Injury: Cause: Car Accident Sports Fall Other:

Briefly describe how the injury happened:

Location of Impact: On the Head: Front Left Front Right Front Left Back Right Back Back Top
Other Location: Neck Body/Trunk Other:

Did you lose consciousness? No Yes Duration:

Are there any events just BEFORE the injury in which you have no memory (even brief)? No Yes Duration:

Are there any events just AFTER the injury in which you have no memory (even brief)? No Yes Duration:

Early Signs? Dazed or stunned Confused Slow to respond Forgetful Repeating questions Dizziness Foggy

Were seizures observed? No Yes If yes, details:

Did you receive medical attention at the time of the injury: No Yes If yes, explain, including tests & results:

CONCUSSION HISTORY AND RISK FACTORS

Have you had prior concussions? No Yes If yes, how many and approximate dates:

How long was your recovery from the most recent concussion, if applicable?

Have you ever been hospitalized or had medical imaging done for a head injury? No Yes When?

Have you ever been diagnosed with headaches or migraines? No Yes When?

Do you have a learning disability, dyslexia, ADD / ADHD? No Yes

Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? No Yes When?

Has anyone in your family ever been diagnosed with any of these problems? No Yes When?

Are you on any medications? No Yes Please list them:

On a scale of 0 to 10, how near are you to your normal level of functioning?

I can't perform any normal activities ----- I can perform all normal activities



DISABILITY

WORK DISABILITY

Have you missed work due to this concussion? No Yes

If yes, were your disabled partially or fully? Partial Full Disability

If yes, dates: from to & from to & from to

SCHOOL DISABILITY

Have you missed school due to this concussion? No Yes

If yes, were your disabled partially or fully? Partial Full Disability

If yes, dates: from to & from to & from to

