

CONCUSSION INTAKE FORM

Background

Name: _____ Date: _____

INJURY INFORMATION

Date of injury: _____ Time of day: _____ ED Referral: Yes No

Describe injury: _____

Cause of injury: MVA Fall Assault Sport (If yes, which sport? _____)
 Other: _____

Loss of consciousness: Yes No Length of time: _____

Amnesia:

Before event (do not remember things that happened before event) Yes No Duration: _____

After event (do not remember things that happened after event) Yes No Duration: _____

Seizure: Yes No Details: _____

Initial signs or symptoms following event: _____

PAST HISTORY - BEFORE MOST RECENT CONCUSSION

Previous concussions: Yes No Previous number: 1 2 3 4 5 6+

Date of last concussion: _____ How long did it take to recover? _____

Have you had previous baseline cognitive testing performed (ImPACT)? Yes No

Where?: _____

Have you had any problems with any of the conditions listed below prior to this head injury?

Check all that apply:

- Learning disability
- Attention deficit disorder (ADD)
- Attention deficit hyperactivity disorder (ADHD)
- Headaches
- Depression
- Anxiety
- Car or motion sickness
- Sleep problems (such as insomnia)
- Eye problems (such as a "lazy eye") as a child

SYMPTOM SCALE

Score yourself on the duration of the following symptoms throughout **the past 24 hours**:

		Briefly	Sometimes	Always			
Headache	0	1	2	3	4	5	6
“Pressure in head”	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Numbness/tingling	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Ringing in ears	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like “in a fog”	0	1	2	3	4	5	6
Do not feel right	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue/low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Sleeping more	0	1	2	3	4	5	6
Sleeping less	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous/anxious	0	1	2	3	4	5	6

TOTAL SCORE: _____