

Name _____ M F Birthdate _____ Date of Injury _____
 Sport/Team/School _____ Phone _____
 Parent/Guardian Contacted _____ Phone _____
 Initial Examiner _____ Phone _____
 Primary Care Physician _____ Phone _____
 Concussion Management Team Leader _____ Phone _____



Hand form to athlete. Have them read symptoms out loud and score how they feel now.

Symptom Evaluation		1	2	3	4	5	6	7	8	9	10	11	12	13	14
		none 0	mild 1 2	moderate 3 4	severe 5 6	Exam Date: By:									
1. Headache															
2. "Pressure in head"															
3. Neck Pain															
4. Nausea or vomiting															
5. Dizziness															
6. Blurred vision															
7. Balance problems															
8. Sensitivity to light															
9. Sensitivity to noise															
10. Feeling slowed down															
11. Feeling like "in a fog"															
12. "Don't feel right"															
13. Difficulty concentrating															
14. Difficulty remembering															
15. Fatigue or low energy															
16. Confusion															
17. Drowsiness															
18. More emotional															
19. Irritability															
20. Sadness															
21. Nervous or anxious															
22. Trouble falling asleep															
Do symptoms get worse with physical activity?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Do symptoms get worse with mental activity?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Do you feel 100% and perfectly normal?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Total # of Symptoms (22 max.)															
Symptom Severity Score (132 max.)															

<p>MEDICAL EXAM</p> <p>Every concussion evaluation should include a full neurologic examination. An examiner should consider these specific systems:</p> <ul style="list-style-type: none"> • Check Head/Skull/Eyes/Ears for trauma • Cervical spine • Vestibular-ocular dysfunction • Balance 	<p>A complete history should be taken when examining athlete. Consider assessing these specific areas:</p> <ul style="list-style-type: none"> • Detailed history of previous concussions including recovery time • Sleep disturbance • Depression/anxiety • Difficulties with school/work • History of migraine headaches • Triggers that worsen symptoms 	<p>Concussion Red Flags:</p> <ul style="list-style-type: none"> • Neck pain or tenderness • Double vision • Weakness or tingling or burning in arms or legs • Severe or increasing headache • Seizure or convulsion • Loss of consciousness • Deteriorating conscious state • Vomiting • Increasingly restless, agitated or combative
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If accommodations in school are necessary, go to **Classroom Rx Form 2** to direct their **Return to Learn** progression. When the student athlete is symptom-free, with normal exams, and attending school without difficulty, consider clearing the athlete to start the **Warm-up to Play Form 3**.