

**CASE HISTORY FORM ADDENDUM - CONCUSSION**

<b>Are you currently participating in a sport?</b>	<b>YES</b>	<b>NO</b>
If yes, which sport? _____		
Do you have an Athletic Trainer?	YES	NO
If yes, can we contact your ATC to discuss your care?	YES	NO
ATC Name/Contact: _____		
What team / league do you play with? _____		

**History of current injury**

When did your concussion happen? \_\_\_\_\_

How did it happen? \_\_\_\_\_

Did you have a loss of consciousness?	YES	NO
Did you experience any memory loss?	YES	NO
Were you seen by an Emergency Department?	YES	NO
Was any imaging (CT scan/x-ray/MRI) performed?	<b>YES*</b>	NO
Were you seen by a physician for this injury?	<b>YES*</b>	NO
Were you hospitalized?	<b>YES*</b>	NO

***\*If yes, please explain:***

\_\_\_\_\_

\_\_\_\_\_

*\*Please notify our scheduling team of any imaging performed and specialty physician visits prior to your appointment. **Bring all imaging films with you to your appointment.***

**Previous history of concussions?**

<i>MONTH / YEAR OF INJURY</i>	<i>HOW LONG DID SYMPTOMS LAST?</i>
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

No history of previous concussions

**POST CONCUSSION SYMPTOM SURVEY**

Please indicate the symptoms you have experienced by placing a 0-6 score in the appropriate boxes within **1-hour after injury**, and then within the next **24 hours**. Then indicate how you feel **today** in the last column.

**Grade:**                      0            *Mild*            *Moderate*            *Severe*  
    1    2            3    4            5    6

Symptom	Immediate	Next day	Today
Headache			
Nausea			
Vomiting			
Balance problems			
Dizziness			
Lightheadedness			
Fatigue			
Trouble falling asleep			
Sleeping more than usual			
Sleeping less than usual			
Drowsiness			
Sensitivity to light			
Sensitivity to noise			
Irritability			
Sadness			
Nervous / Anxious			
Feeling more emotional			
Numbness or tingling			
Feeling slowed down			
Difficulty concentrating			
Difficulty remembering			
Visual problems			
Other			
<b>Total Score:</b>			

***I state that the above information is correct. (Please sign below)***

**Date:** \_\_\_\_\_