

CONFIDENTIAL MEDICAL RECORD: ATC's HEAD INJURY REPORT

Last Name _____ First Name _____ DOB _____ Date of Exam _____

Parent/Guardian Name _____ Phone # _____

Nature of Injury: Concussion Other: _____

Consciousness Level: Alert Confused Lethargic/arousable Unconscious (duration): _____

Athlete Appearance: No distress Mild Distress Moderate Distress Severe Distress

Injury Occurred: Practice Game Other **Location:** Home Away Indoor Outdoor

History of Injury: _____

Symptom Checklist:

Headache	0 1 2 3 4 5 6	Dizziness	0 1 2 3 4 5 6
Noise sensitivity	0 1 2 3 4 5 6	Imbalance	0 1 2 3 4 5 6
Light sensitivity	0 1 2 3 4 5 6	Confusion	0 1 2 3 4 5 6
Blurred vision	0 1 2 3 4 5 6	Drowsy/fatigued	0 1 2 3 4 5 6
Nausea	0 1 2 3 4 5 6	Decreased memory	0 1 2 3 4 5 6
Vomiting	0 2 3 4 5 6	Poor concentration	0 1 2 3 4 5 6
Numbness/tingling	0 1 2 3 4 5 6	Irritability/emotionality	0 1 2 3 4 5 6
Total Score:	_____		

Exam:

HEENT (signs of trauma): WNL Abnormal _____

Oculomotor movements (saccades, pursuits): WNL Abnormal _____

Finger/Nose Test: WNL Abnormal _____

Tandem stance (eyes closed, arms crossed) WNL Abnormal _____

Heel/Toe walk 10' forward/backward WNL Abnormal _____

Other: _____

Cognitive Tests:

Orientation:

Day, date, month, year: WNL Abnormal

Before/after lunch; teacher's name: WNL Abnormal

Venue, score, which half, team played last: WNL Abnormal

Immediate memory (5 word recall): WNL Abnormal

Concentration (serial 7's, digits backward, days of week backward): WNL Abnormal

King Devick: # Cards _____ **Time:** _____ **#Errors** _____ **Baseline Time:** _____

Assessment: _____

Plan: _____

Athletic Trainer: _____

Print

Signature

Date