

INITIAL POSSIBLE CONCUSSION EVALUATION FORM

Organization: _____ Athlete's Name: _____ Athlete's D.O.B. _____

Incident Date/Time: _____ Sport/Activity: _____ Athlete's Parent/Guardian _____

Person doing evaluation: _____ Athlete's PCP: _____

Incident Type (Circle one): Fall Hit head on other player Hit head on ground or ice Struck by object Other: _____

Visible clues of suspected concussion (Circle any):

Loss of consciousness

Grabbing/Clutching of head

Lying motionless on ground/slow to get up

Dazed, blank or vacant look

Unsteady on feet/Balance problems or falling over/Incoordination

Confused/Not aware of plays or events

Signs and symptoms of suspected concussion of injury (Circle any):

Loss of consciousness

More emotional

“Don't feel right”

Feeling slowed down

Feeling like “in a fog”

Seizure or convulsion

Irritability

Difficulty remembering

“Pressure in head”

Neck pain

Balance problems

Sadness

Headache

Blurred vision

Sensitivity to noise

Nausea or vomiting

Fatigue or low energy

Dizziness

Sensitivity to light

Difficulty concentrating

Drowsiness

Nervous or anxious

Confusion

Amnesia

Memory Function:

What venue are we at today? _____ Who scored last in this game? _____

Which half is it now? _____ What team did you play last week/game? _____

Did your team win the last game? _____ Any answers incorrect? _____

In your opinion, did the above mentioned athlete suffer a possible concussion? Yes / No (Circle one)

1st sheet: coach or assistant coach

2nd sheet: concussion team leader

3rd sheet: athlete/parent/guardian

Instructions for the parents/guardians: Your student athlete appears to have suffered a concussion. A concussion is a complex set of neurological changes that can occur when traumatic forces are applied to the brain, either directly or indirectly. The effects of a concussion generally fall into one of four categories: thinking/remembering, physical, emotional/mood and sleep. Symptoms of a concussion may vary from person to person, but may include:

Headache	Difficulty thinking clearly
Dizziness	Nausea
Irritability	More/less sleep than normal

EMERGENCY SIGNS: If the concussed athlete has any of the following signs, seek medical attention immediately:

Severe or worsening headaches	Sleepiness or confusion
Restlessness, unsteadiness or seizures	Difficulty with vision
Vomiting, fever or stiff neck	Slurred speech
Bladder or bowel incontinence	Numbness or weakness involving any part of the body

Please have your student athlete bring this form to your medical provider's office. Your student athlete will then get enrolled in the concussion management protocol. Your student athlete will only be allowed to return to play once he or she has successfully completed all of the steps in the concussion management protocol.

Concussion Consultants



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