

Name: _____

Concussion Intake Information

When did your injury occur? Date: (dd / mm / year) Time: (24 : 00)

Past Medical History (BEFORE THIS INJURY):

prior concussions 1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____

Diabetes: Y / N Epilepsy: Y / N Meningitis: Y / N Encephalitis: Y / N

Thyroid: hypo / hyper Migraine history: self Y / N

Parents/siblings Y / N

Learning Disability: Y / N

Attention Deficit Disorder: Y / N

Anxiety: Y / N

Hyperactivity Disorder: Y / N

Depression: Y / N

Sleep Disorders: _____

Have you received therapy for your injury? Yes / No

If YES, where? _____

When? _____

What are your goals for rehabilitation? 1) _____

2) _____

3) _____



Hearing:

Do you have a hearing problem? Y / N

If yes, do you wear hearing aids? Y / N / L / R

Do you have noise sensitivity? Y / N

Do you have tinnitus (ringing, roaring, whooshing, buzzing)? Y / N

Have you seen an audiologist/ ENT about your hearing issues? Y / N

When?: _____



Concentration/Memory/Orientation:

Do you have difficulty planning/organizing/managing your schedule &/or initiating tasks? Y / N

Do you have difficulty concentrating? Y / N

Do you have difficulty remembering things? Y / N
Circle: reading conversations instructions
 past events appointments

Are you easily distracted when reading or having conversation? Y / N



Vision:

Do you have difficulty watching television? Y / N
 Reading a book/newspaper? Y / N
 Looking at computer screens/electronics? Y / N
 Being in busied environments (eg. Grocery store/mall) Y / N



Living situation:

Do you live alone? Y / N
If NO, whom do you live with? _____
Do you work? Y / N
If YES, what do you do for a living? _____
 Full-time or Part-time

Are you presently working? Y / N



Schooling:

Are you returning or looking to attend school? Y / N / undecided
If yes, which will you attend? High school / College/ University
 _____year / grade



Driving:

Do you drive? Y / N
If yes, are you presently driving? Y / N
Do you feel that driving is exhausting? Y / N
Do you have difficulty being in busy traffic areas now? Y / N