

Baylor Scott & White Family Medicine Keller Concussion Program

Clinical Protocol and Health History

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_ Referral Source: \_\_\_\_\_

History of current injury:

Date of concussion: \_\_\_\_\_ Sport played, practice or game: \_\_\_\_\_

Position: \_\_\_\_\_

Mechanism of injury: \_\_\_ Head-head \_\_\_ Head-ground \_\_\_ Head-body part \_\_\_ Other: \_\_\_\_\_

Region of head: \_\_\_\_\_ R/L Front \_\_\_\_\_ R/L temp: \_\_\_\_\_ R/L Parietal \_\_\_\_\_ R/L Occip

Injury description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Returned to play? Y/N \_\_\_\_\_

Hospital? Y/N CT/MRI? Y/N Pos/Neg When? \_\_\_\_\_ Where? \_\_\_\_\_

**Immediate Symptoms**

**Present Symptoms**

	Yes	No	Duration/Description	Yes	No	Description
LOC						
RGA						
AGA						
Disorientation						
			Top RF LF RT LT RO LO Gen			Top RF LF RT LT RO LO Gen
Headache	/10		Throb / press / dull Worse in AM / PM Worse w/ cog / phys exert	/10		Throb / press / dull Worse in AM / PM Worse w/ cog / phys exert
Nausea						
Vomiting						
Dizziness						
Balance Problems						
Motor Problems						
Numbness/Tingling						
Fatigue						
Visual Changes						
Sensitivity to Light						
Sensitivity to Noise						
Emotionality						
Irritability						
"Fogginess"						
Attn/Concentration						
Short-term Memory						
Slowed Down						
Hyposomnia						
Hypersomnia						
Drowsiness						
Other: Neck pain/ ears ringing						