

Concussion Test

Patient information	
Name:	Date of birth:
Gender:	Date of assessment:
Injury overview	
Date of injury:	Initial symptoms: <input type="checkbox"/> Headache <input type="checkbox"/> Nausea <input type="checkbox"/> Dizziness <input type="checkbox"/> Sensitivity to light/sound <input type="checkbox"/> Balance issues <input type="checkbox"/> Memory problems <input type="checkbox"/> Confusion <input type="checkbox"/> Emotional changes <input type="checkbox"/> Others:
Time of injury:	
Mechanism of injury (e.g. fall, sports, accident):	
Loss of consciousness: <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, specify):	
Physical examination	
Visible head trauma? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:	Balance and coordination: <input type="checkbox"/> Normal <input type="checkbox"/> Impaired
Gait assessment: <input type="checkbox"/> Normal <input type="checkbox"/> Ataxic <input type="checkbox"/> Unsteady	Neck evaluation (tenderness, ROM): <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Notes:

Cognitive assessment (<i>Standardized Assessment of Concussion - SAC components</i>)		
Orientation (date, time, location): <input type="checkbox"/> Normal <input type="checkbox"/> Impaired		Concentration (digits backward or months in reverse): <input type="checkbox"/> Normal <input type="checkbox"/> Impaired
Immediate memory (5-word recall):		Delayed memory (after ~5 mins):
/5		/5
Neurological examination		
Cranial nerves: <input type="checkbox"/> Intact <input type="checkbox"/> Abnormal		Motor function: <input type="checkbox"/> Normal <input type="checkbox"/> Weakness
Reflexes: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Sensory testing: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Pupils: <input type="checkbox"/> Equal Unequal <input type="checkbox"/> Reactive Non-reactive		Vision tracking: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Balance assessment (balance Error Scoring System - BESS or SCAT5 balance tasks)		
Single leg stance:	Stable	Errors:
Double leg stance:	Stable	Errors:
Tandem stance:	Stable	Errors:
Symptom checklist		
(Rate from 0 = none to 6 = severe)		
Symptom	Rating	
Headache		
Dizziness		
Nausea		
Sensitivity to light		

Symptom	Rating
Fatigue	
Irritability	
Sadness	
Trouble sleeping	
Difficulty concentrating	
Memory problems	
Balance problems	
Total symptom severity score: /132	
Imaging (if indicated)	
CT/MRI ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Findings: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (e.g., bleeding, swelling):
Assessment and interpretation	
<input type="checkbox"/> No signs of concussion <input type="checkbox"/> Concussion suspected <input type="checkbox"/> Concussion confirmed <input type="checkbox"/> Structural abnormality identified via imaging	
Additional notes	
Healthcare professional information	
Name:	License ID number:
Signature:	Date of assessment: