

Concussion Consultants at Centura's Post Concussion Protocol – Initial Report

Athlete's Name: _____ Athlete's School: _____

Athlete's DOB: _____ Athlete's Grade: _____

Athlete's Phone#: _____ Athlete's email: _____

Athlete's Sport: _____ Athlete's Position: _____

Athlete's Parents/Guardians: _____ Athlete's Parents/Guardians Phone# _____

Athlete's Parents/Guardians email: _____ Athlete's Coach: _____

Athlete's School's Concussion Team Leader: _____

Athlete's PCP: _____

Description of signs observed by staff (circle all applicable):

Appears dazed or stunned	Confused about assignment	Forgets plays
Is unsure of game, score, opponent	Moves clumsily	Answers questions slowly
Loses consciousness	Shows behavior or personality changes	Forgets events before hit
Forgets events after hit		

Description of symptoms reported by the athlete (circle all applicable):

Headache Nausea Balance problems or dizziness Double or fuzzy vision Sensitivity to light/sound
Feeling sluggish Feeling "foggy" Changes in sleep pattern Concentration/memory problems

On-Field Cognitive Testing Results: (any failed are abnormal)

Orientation: Stadium? City? Month? Day? Team?

Anterograde amnesia: Girl Dog Green (Ask athlete to repeat and remember)

Retrograde amnesia: What happened in prior quarter/period? What do you remember just prior to the hit?

What was the score of the game prior to the hit? Do you remember the hit?

Concentration: Repeat the days of the week backwards Repeat backwards 63 Repeat backwards 419

Word list memory: Repeat the three words from earlier (Girl,Dog,Green)

Does this athlete have a possible concussion? (circle one): Yes No

Date and time of presumed concussion: _____

Description of mechanism of concussion: _____

Person reporting concussion: _____