STOP

INITIAL CONCUSSION EVALUATION FORM

Organization: ___________________________ Athlete’s Name: ___________________________ Athlete’s D.O.B. ___________________________

Injury Date/Time: ______________________ Sport/Activity: ___________________________ Athlete’s Parent/Guardian ___________________________

Person doing evaluation: ___________________________ Athlete’s PCP: ___________________________

Injury Type: (circle one): Fall  Hit head on other player  Hit head on ground or ice  Struck by object  Other: ___________________________

Point of impact: Right or Left

Signs of injury: Loss of consciousness

Amnesia
Confusion/Disorientation
Balance or Gait Issues
Visual changes
Dazed or confused
Seizure or posturing
Vomiting

Symptoms of injury: (Circle all): Headache  Dizziness  Balance Problems  Blurred Vision  Double Vision  Sensitivity to light

Sensitivity to Noise  Tingling/Loss of movement  Pain in Neck  “Foggy”/”Cloudy”/”Spacey”

Problems focusing  Problems Remembering  Abnormally tired  Upset/Emotional

Comments: ____________________________________________________________________________________________

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________
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
- Dizziness
- Irritability
- Difficulty thinking clearly
- Nausea
- 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
- Restlessness, unsteadiness or seizures
- Vomiting, fever or stiff neck
- Bladder or bowel incontinence
- Sleepiness or confusion
- Difficulty with vision
- Slurred speech
- Numbness or weakness involving any part of the body

Please have your student athlete bring this form to the Concussion Team Leader at his or her school. 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. The details of this protocol are available for review under the “resources” tab at www.concussionconsultants.org.

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