Concussion Injury Report Form

Athlete Name _____ Date _____ Injury Date _____ Sport _____

Location _____ Activity_____ Previous Concussion Y / N Number ____ When _____

Mechanism of Injury _____

Loss of Consciousness: Y / N Duration _____ BP _____/_____ Pulse _____

Symptom Checklist:

Symptom	None	Mild		Moderate		Severe
Headache	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6
Balance Problems/Dizziness	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Trouble Sleeping	0	1	2	3	4	5	6
Sleeping more than usual	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Numbness/Tingling	0	1	2	3	4	5	6
Feeling like “in a fog”	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remember	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6

Cranial Nerve Assessment:

Nerve	Normal	Abnormal	Nerve	Normal	Abnormal
I. Olfactory (smell)	□	□	VII. Facial (facial expressions)	□	□
II. Optic (vision acuity)	□	□	VIII. Vestibulocochlear (hearing,balance)	□	□
III. Oculomotor (PEARL)	□	□	IX. Glossopharangeal (swallowing)	□	□
IV. Trochlear (inf. Eye move)	□	□	X. Vagus (Speech)	□	□
V. Trigeminal (facial sensation)	□	□	XI. Accessory (Neck muscles, swallow)	□	□
VI. Abducens (lat. Eye move)	□	□	XII. Hypoglossal (tongue movement)	□	□

Upper Quarter Screen:

Disc	Muscles	Sensation	Reflex	Normal			Abnormal		
				M	S	R	M	S	R
C1-C2	Neck flexion								
C3	Lat. Neck flexion								
C4	Shoulder Elevation	Trapezius							
C5	Shoulder Abd.	Lateral Arm,	Biceps						
C6	Elbow Flex., Wrist ext.	Lateral Forearm, thumb	Brachioradialis						
C7	Elbow ext., wrist flex.	Middle Finger	Triceps						
C8	Thumb ext., ulnar dev.	Medial Forearm							
T1	Hand Intrinsics	Medial Arm							

Lower Quarter Screen:

Disc	Muscles	Sensation	Reflex	Normal			Abnormal		
				M	S	R	M	S	R
L1-L2	Hip flexion	Hip flexor region							
L3	Knee ext.	Anterior Thigh	Patellar						
L4	Ankle Dorsiflexion	Medial thigh, medial leg, big toe	Patellar						
L5	Toe Extension	Lateral leg, dorsum of foot	Med. Hamstring						
S1	Ankle PR, foot eversion, hip ext.	Lateral post. Leg and thigh	Achilles						
S2	Knee flexion	Mid post. Thigh, leg, med foot							

Balance Error Scoring System (BESS):(Guskiewicz)

Balance Error Scoring System- Types of Errors	**Scorecard**:(# errors)	**FIRM** Surface	**FOAM** Surface
1. Hands lifted off iliac crest 2. Opening eyes 3. Step, stumble, or fall 4. Moving hip into > 30 degrees abduction 5. Lifting forefoot or heel 6. Remaining out of test position > 5 sec	Double Leg Stance (feet together)		
	Single Leg Stance (non-dom foot)		
	Tandem Stance (non-dom foot in back)		
	Total Scores:		
The BESS is calculated by adding one error point for each error during the (6) 20-second tests.	**BESS TOTAL :**		
Which foot was tested: □ Left □ Right	**Evaluator Signature:** _____ **Date:**_____		