

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **MRN:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Sport/Team/School: \_\_\_\_\_

Date/Time of Injury: \_\_\_\_\_

Years of Education Completed: \_\_\_\_\_

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

Gender: \_\_\_\_\_

Dominant Hand: Left / Neither / Right

How many diagnosed concussions has the athlete had in the past? \_\_\_\_\_

When was the most recent concussion? \_\_\_\_\_

How long was the recovery (time to being cleared to play) from the most recent concussion?  
\_\_\_\_\_ (in days)

**Has the athlete ever been:**

Hospitalized for a head injury? Yes or No

Diagnosed/treated for headache disorder or migraines? Yes or No

Diagnosed with a learning disability/dyslexia? Yes or No

Diagnosed with ADD/ADHD? Yes or No

Diagnosed with depression, anxiety or other psychiatric disorder? Yes or No

Current medications? If yes, please list:

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

