Symptoms of Brain Concussion

Patient Name____ **Date:** ______________________

Date of Injury (DOI) ________________________

Place a check on the line in the first (1st) column if you had any of these symptoms ***before*** the collision.
Place a check on the line in the second (2nd) column if you had any of these symptoms ***after*** the collision.
Place a check on the line in the third (3rd) column if you are experiencing any of these symptoms ***today***.

Thinking / Remembering	**Before DOI**	**After DOI**	**Today**
Difficulty thinking clearly	_____	_____	_____
Thinking slowed down and/or mentally fatigued	_____	_____	_____
Difficulty concentrating and/or staying focused	_____	_____	_____
Difficulty staying organized	_____	_____	_____
Difficulty learning and/or remembering new information	_____	_____	_____
Short term memory loss	_____	_____	_____
Long term memory loss	_____	_____	_____
Difficulty finding words and/or expressing yourself	_____	_____	_____
Difficulty with reading and/or comprehension	_____	_____	_____
Difficulty with numbers and/or forgetting numbers	_____	_____	_____
Difficulty recognizing people	_____	_____	_____
Difficulty recognizing where you are	_____	_____	_____
Missing periods of time	_____	_____	_____
Loss of insight and/or poor judgment	_____	_____	_____

____
____
____
____
____
____

Sleep	**Before DOI**	**After DOI**	**Today**
Sleeping more than usual	_____	_____	_____
Sleeping less than usual	_____	_____	_____
Having trouble falling asleep	_____	_____	_____
Having trouble staying asleep	_____	_____	_____

____
____
____
____
____

Lawrence Nelson, DC, DACNB • Nelson Chiropractic & Functional Neurology • 503-855-4465
7100 SW Hampton St. Suite 121-A, Tigard, Oregon 97223 • PO Box 2415 Wilsonville, Or. 97070

Symptoms of Brain Concussion

Physical	**Before DOI**	**After DOI**	**Today**
Physically fatigued and/or fatiguing more easily	_____	_____	_____
Headache	_____	_____	_____
Fuzzy, blurry and/or double vision	_____	_____	_____
Nausea and/or vomiting	_____	_____	_____
Dizziness and/or light headed	_____	_____	_____
Balance problems / feelings of falling and/or spinning	_____	_____	_____
Difficulty speaking and/or writing	_____	_____	_____
Decrease or loss of smell	_____	_____	_____
Decrease or loss of taste	_____	_____	_____
Sensitivity to noise, and/or easily upset / irritated by loud noise	_____	_____	_____
Sensitivity to light, and/or easily upset / irritated by bright light	_____	_____	_____
Intolerance to heat and/or cold	_____	_____	_____

____

____

Emotion / Mood / Affect	**Before DOI**	**After DOI**	**Today**
Feeling more emotional and/or emotionally fragile	_____	_____	_____
Feeling nervous / restlessness and/or anxious	_____	_____	_____
Feeling irritable / frustrated / and/or uncooperative	_____	_____	_____
Feeling impatient / angry / and/or aggressive	_____	_____	_____
Feeling less / lacking emotion	_____	_____	_____
Feeling apathetic / without motivation	_____	_____	_____
Feeling depressed, sad and/or tearful	_____	_____	_____
Personality changes	_____	_____	_____
Withdrawal from family / friends	_____	_____	_____
Relationship difficulties	_____	_____	_____
Neglecting personal hygiene	_____	_____	_____
Resistant to health care	_____	_____	_____
Socially Inappropriate behavior	_____	_____	_____
Unusual sexual behavior and/or loss of libido	_____	_____	_____

____

____

The above list of symptoms was modified from:

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People. Saving Money through Prevention.™

Thank you for taking the time to fill out this form as completely as possible. Successful health care and preventative medicine are only possible when the practitioner has a complete understanding of the patient's physical, mental and emotional state.

Patient's Signature ____ Date____________________

Guardian's Signature _______________________________________ Date____________________

Lawrence Nelson, DC, DACNB • Nelson Chiropractic & Functional Neurology • 503-855-4465
7100 SW Hampton St. Suite 121-A, Tigard, Oregon 97223 • PO Box 2415 Wilsonville, Or. 97070