



Concussion Testing Consent Form

We are pleased to offer this state of the art testing program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple head injuries. V5 Medical Campus strives to keep athletes/patients health and safety at the forefront of the athletic experience.

This testing can be considered strenuous to those with balance and cognition deficits (i.e. Post-concussion syndrome). So please be advised that if you are currently experiencing post-concussion symptoms, those might get accentuated during and temporarily after the battery of tests. Common symptoms include (but not limited to) feeling dizzy, lightheadedness, nausea, headaches, etc. If this occurs at any time during testing, or you feel that you are unable to continue with the testing protocol, please notify your tester or other V5 staff members immediately.

The data collected is available only to V5 and the team of practitioners involved in your care at Elevation Physicians. As part of our compliance with your privacy rights in health care, we only provide the necessary health care information to those directly involved in your health care such as the physician who referred you V5 for concussion evaluation and your parent or legal guardian (if you are under 18 years of age).

The signature below attests that I have read the above information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the V5 Concussion Management Program.

This consent was signed by:

Printed Name-Patient or Responsible Party

Patient Signature or Responsible Party

Date