

ImPACT BASELINE WORKSHEET – Please complete prior to your test session

SECTION I – Sport & Health History

Select “Carolina Family Practice & Sports Medicine”

DOB: _____ **NAME:** _____

Ht: _____ **Wt:** _____ **Gender:** M / F **Handedness:** R / L / Ambidextrous

Native Country: _____ **Native Language:** _____

2nd Language (if applicable): _____

Ethnicity (optional): American Indian or Alaska Native / Asian / African American / Hispanic or Latino / Native Hawaiian or Other Pacific Islander / White

Years of education completed, excluding Kindergarten (EX: high school senior = 11): _____

Check any of the following that apply:

- Received speech therapy
- Attended special education classes
- Repeated one or more years of school
- Diagnosed learning disability
- Diagnosed with Attention Deficit Disorder or hyperactivity

While in school, what type of student were/are you:

Below average / Average / Above Average

Current Sport: _____

Current position/event/class: _____

Current level of participation: Professional / Semi-professional / Collegiate / High School / Middle School / Youth

Years of experience at this level (please approximate if uncertain and do not include current year): _____

Number of times diagnosed with a concussion: _____

Total number of concussions that resulted in loss of consciousness: _____

Total number of concussions that resulted in confusion: _____

Total number of concussions that resulted in difficulty with memory for events occurring immediately after the injury: _____

Total number of concussions that resulted in difficulty with memory for events occurring immediately before the injury: _____

Total games were missed as a result of all concussions combined. _____

Please list your five most recent concussions, if applicable. Use approximate dates, if necessary.

Indicate whether you have experienced the following:

Treatment for headaches by physician Yes / No

Treatment for migraine headaches by physician Yes / No

Treatment for epilepsy/seizures Yes / No

History of brain surgery Yes / No

History of meningitis Yes / No

Treatment for substance/alcohol abuse Yes / No

Treatment for psychiatric condition (depression, anxiety): Yes / No

Have you ever been diagnosed with any of the following conditions:

ADD/ADHD Yes / No

Dyslexia Yes / No

Autism Yes / No

In the three hours prior to testing, will you have completed strenuous exercise and/or exertion (okay to leave blank if unsure)? Yes / No

Date of last concussion (leave this blank at baseline)

Hours of sleep last night (approximate if uncertain): _____

Please list any medications you are currently taking: _____

SECTION II – Current Symptoms & Conditions

To be completed at test session

SECTION III – Neurocognitive Testing

To be completed at test session

Verbal Memory-Design Memory-X's and O's-Symbol Match-Color Match - Three Letters