

## ImPACT Concussion Baseline Demographics

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

\_\_\_\_ Y \_\_\_\_ N Have you ever been diagnosed with ADD or ADHD?

\_\_\_\_ Y \_\_\_\_ N Have you been diagnosed with a learning disability?

\_\_\_\_ Y \_\_\_\_ N Have you had a concussion in the last 6 months?

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_ Y \_\_\_\_ N Have you ever received speech therapy?

\_\_\_\_ Y \_\_\_\_ N Have you ever attended special education classes?

\_\_\_\_ Y \_\_\_\_ N Have you repeated 1 or more years of school?

\_\_\_\_\_ Number of times diagnosed with a concussion

\_\_\_\_\_ Number of concussions that resulted in loss of consciousness

\_\_\_\_\_ Number of concussions that resulted in confusion

\_\_\_\_\_ Number of concussions that resulted in difficulty remembering events occurring immediately after injury

\_\_\_\_\_ Number of concussions that resulted in difficulty remembering events occurring immediately before injury

\_\_\_\_\_ Combined number of games missed as a direct result of all concussions

Have you ever been treated for the following?

\_\_\_\_ Y \_\_\_\_ N Headaches by a physician

\_\_\_\_ Y \_\_\_\_ N Migraine headaches by a physician

\_\_\_\_ Y \_\_\_\_ N Epilepsy/seizures

\_\_\_\_ Y \_\_\_\_ N Brain Surgery

\_\_\_\_ Y \_\_\_\_ N Meningitis

\_\_\_\_ Y \_\_\_\_ N Substance/Alcohol

\_\_\_\_ Y \_\_\_\_ N Psychiatric condition (including depression/anxiety)

\_\_\_\_ Y \_\_\_\_ N Dyslexia

\_\_\_\_ Y \_\_\_\_ N Autism

Current Medications: \_\_\_\_\_  
\_\_\_\_\_