Suspected Concussion Report Form

Holland Bloorview Kids Rehabilitation Hospital | Concussion Centre

Athlete Name: _____ Date: _____
Club Name: _____ Time of Injury: _____

Injury Description:

Red Flag Symptoms (Check all that apply): Call 911 immediately if any of these symptoms are present:

□ Increasingly confused	□ Neck pain or tenderness	□ Seizure or convulsion
□ Double vision	□ Loss of consciousness	□ Repeated vomiting
□ Weakness/tingling in arms/legs	□ Severe or increasing headache	□ Increasingly restless or aggressive

Other Signs and Symptoms (Check all that apply):

□ Headache	□ Balance problems	□ Problems concentrating
□ Pressure in the head	□ Tired or low energy	□ Problems remembering
□ Dizziness	□ Drowsiness	□ Irritability
□ Nausea or vomiting	□ "Don't feel right"	□ Depression
□ Blurred vision	□ Not thinking clearly	□ Nervous/anxious
□ Sensitivity to light or sound	□ Slower thinking	□ Sleeping more/less than usual
□ Ringing in the ears	□ Feeling confused	□ Trouble falling asleep

Are there any other observable/reported symptoms? □Yes □No
If yes, what: _____

Is there evidence of injury to anywhere else on the body besides head? □Yes □No
If yes, where: _____

Has this athlete had a concussion before? □Yes □No □Prefer not to answer
If yes, how many: _____

Does this athlete have any pre-existing medical conditions? □Yes □No □Prefer not to answer
If yes, please list: _____

Does this athlete take any medication? □Yes □No □Prefer not to answer
If yes, please list: _____

I (name of individual completing this form): _____ recommend to the athlete's parent/guardian or emergency contact that the athlete sees a physician or nurse practitioner immediately.
Signature: _____ Role: _____
Phone Number: _____ Email Address: _____

PLEASE NOTE: This form is to be completed in the event of a suspected concussion during training, practice, or a competition. Once complete, give one copy of this report to athlete or their parent/guardian and the other to your club. This form must be taken to medical appointment with a physician or nurse practitioner with the recommended Dive Ontario Medical Assessment Form. This report form is aligned with Dive Ontario Removal-from-Sport Protocol.