



THE CENTER

ORTHOPEDIC & NEUROSURGICAL
CARE & RESEARCH

Concussion Symptom Assessment Tracking Form

Name: _____ Date & Time of Injury: _____

Team/Age Group: _____ MOI: _____

Instructions: The athlete, along with their parent/guardian or coach, should rate his/her symptoms based on the severity using the six-point scale below:

None = 0, Mild = 1 or 2, Moderate = 3 or 4, Severe = 5 or 6

	Day of Concussion	Post Day 1	Post Day 2	Post Day 3	Post Day 4	Post Day 5	Post Day 6	Post Day 7
Headache								
"Pressure in Head"								
Neck Pain								
Nausea/vomiting								
Dizziness								
Vision problems								
Balance problems								
Sensitivity to light								
Sensitivity to noise								
Feeling slowed down								
Feeling like "in a fog"								
"Don't feel right"								
Difficulty concentrating								
Difficulty remembering								
Fatigue/low energy								
Confusion								
Drowsiness								
Trouble falling asleep								
Feeling more emotional								
Irritability								
Sadness								
Feeling nervous/anxious								
Total (add scores)								

****Danger Signs (seek immediate medical attention if any are present):** Progressively worsening headache, one pupil larger than the other, repeated vomiting, slurred speech, seizures, loss of consciousness, cannot recognize people, drowsy and can't be awakened, and weakness/numbness.**



NEURO &
ORTHO
WALK-IN
CLINIC

For immediate medical assistance, call 911.

An athlete may be evaluated by a physician on the same day or following day, check-in through NOWcare at The Center, 2200 NE Neff Road in Bend.
Monday thru Friday 9:00 a.m. - 4:00 p.m.

Notes:

Please contact Jaron Wilson, ATC after a suspected concussion [541-588-2987]