**Dr. John Doe**

**Concussion Diagnosis Consultation Request**

**Date:**

**Patient Name:**

**DOB:**

**DOI:**

**To: Dr.**

**Please provide the following:**

[ ]  Concussion diagnosis consultation[ ]  Assume case management

[ ]  Results of EEG ERP test attached [ ]  Results of attached

**Brief description of the injury:** (include if driver, how accident happened, body parts struck, etc.?)

**Loss of Consciousness**

 [ ]  There was loss of consciousness for minutes seconds

 [ ]  There was NO loss of consciousness

**Amnesia:**

­­­­­­­­­­­­­ [ ]  The patient demonstrated symptoms of amnesia following the injury

­­­­­­­­­­­­­ [ ]  The patient did NOT demonstrate symptoms of amnesia following the injury

**The following were used in the evaluation of this patient:**

[ ]  CDC ACE / Rivermead Questionnaires [ ]  positive [ ]  Psychological Questionnaires [ ]  positive [ ]  Neurological Exam [ ]  positive [ ]  Physical/Ortho Exam [ ]  positive [ ]  Gaze Deviation or Nystagmus [ ]  positive [ ]  Neurocognitive testing [ ]  positive [ ]  BESS balance test [ ]  positive [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post Injury Symptoms:**

[ ]  Headaches [ ]  Neck Pain [ ]  Cognitive impairment

[ ]  Memory impairment [ ]  Seizure [ ]  Sleep disorder

[ ]  Anxiety [ ]  Depression [ ]  Diagnosed Whiplash (CAD)

[ ]  Seizures post-injury [ ]  Concussion symptoms for \_\_\_day(s)/week(s)

[ ]  Dizziness/ Poor Balance/Vertigo

[ ]  Symptoms worsen with physical and/or cognitive exertion

[ ]  Changes in cognition, emotion, sleep and/or physical status post trauma as reported by patient and/or family [ ]  Other:

**Previous History of:**

[ ]  Head Trauma

[ ]  Concussion

[ ]  Headaches

[ ]  Cognitive impairment

[ ]  Memory Impairment

[ ]  Dementia/Alzheimer's

[ ]  Anxiety

[ ]  Depression

[ ]  Other psychiatric disorders

[ ]  Sleep disorder

**Cranial Nerve Testing Results:**

[ ]  Cranial Nerve 1 (Olfactory) Abnormality

[ ]  Cranial Nerve 4 (Trochlear) Abnormality

[ ]  Cranial Nerve 5 (Trigeminal) Abnormality

[ ]  Cranial Nerve 8 (Vestibulocochlear) Abnormality

[ ]  Other Cranial Nerve

[ ]  No Cranial Nerve Abnormalities found

[ ]  Did not perform

**Focal Neurological Symptoms (Weakness, Loss of Sensation, Impaired Coordination, Gait Impairment)**

[ ]  Yes [ ]  No

**The following air bag(s) deployed\*:**

[ ]  Front air bag

[ ]  Side air bag

[ ]  None

[ ]  Unknown

\**Deployed air bags have been shown to double the incidence of mTBI.*

I understand that any unchecked box above is an indication of absence of that condition.

Physician Name