**Concussion Evaluation Request**

**Date:**

**Client Name:**

**DOB:**

**DOI:**

**To: Dr.**

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

**Due to the mechanism of injury and the fact that my client may be exhibiting the following symptoms I am requesting an evaluation for concussion.**

**Post Injury Symptoms:**

[ ]  Headaches [ ]  Neck Pain [ ]  Cognitive impairment

[ ]  Memory impairment [ ]  Seizure [ ]  Sleep disorder

[ ]  Anxiety [ ]  Depression

[ ]  Other:

 **Previous History of:**

[ ]  Head Trauma

[ ]  Concussion

[ ]  Headaches

[ ]  Cognitive impairment

[ ]  Memory Impairment

[ ]  Anxiety

[ ]  Depression

 **If motor vehicle accident, did the client's air bag(s) deploy?**

[ ]  Front air bag

[ ]  Side air bag

[ ]  None

[ ]  Unknown

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

Requesting Attorney