Patient Name: ______________________________

SS#: ______ - ______ - ______ Unit: ____________

Date of Injury: _____/_____/_____

Time of Injury: ______________

Examiner: _________________________________

Date of Evaluation: _____/_____/_____

Time of Evaluation: ______________

History: (I – VIII)

I. **Description of Incident**
   Ask:
   a) What happened?
   b) Tell me what you remember.
   c) Were you dazed, confused, “saw stars”?  
      □ Yes □ No
   d) Did you hit your head? □ Yes □ No

II. **Cause of Injury** (Circle all that apply):
   1) Explosion/Blast  4) Fragment
   2) Blunt object  5) Fall
   3) Motor Vehicle Crash  6) Gunshot wound
   7) Other ____________

III. **Was a helmet worn?**  □ Yes □ No
    Type ________________

IV. **Amnesia Before**: Are there any events just
    BEFORE the injury that are not remembered?
    (Assess for continuous memory prior to injury)
    □ Yes □ No  If yes, how long __________

V. **Amnesia After**: Are there any events just
    AFTER the injuries that are not remembered?
    (Assess time until continuous memory after
    the injury)
    □ Yes □ No  If yes, how long __________

VI. **Does the individual report loss of consciousness or “blacking out”?**
    □ Yes □ No  If yes, how long __________

VII. **Did anyone observe a period of loss of consciousness or unresponsiveness?**
    □ Yes □ No  If yes, how long __________

VIII. **Symptoms** (circle all that apply)
   1) Headache  2) Dizziness
   3) Memory Problems  4) Balance problems
   5) Nausea/Vomiting  6) Difficulty Concentrating
   7) Irritability  8) Visual Disturbances
   9) Ringing in the ears  10) Other ____________

Examination: (IX – XIII)

Evaluate each domain. Total possible score is 30.

IX. **Orientation** (1 point each)

<table>
<thead>
<tr>
<th>Month:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
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<td>1</td>
</tr>
<tr>
<td>Day of Week:</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Year:</td>
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<td>1</td>
</tr>
<tr>
<td>Time:</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Orientation Total Score ___/5
X. Immediate Memory:

Read all 5 words and ask the patient to recall them in any order. Repeat two more times for a total of three trials.

(1 point for each correct, total over 3 trials)

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Trial 2</th>
<th>Trial 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elbow</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Apple</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Carpet</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Saddle</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bubble</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Immediate Memory Total Score ____/15

XI. Neurological Screening

As the clinical condition permits, check

**Eyes:** pupillary response and tracking

**Verbal:** speech fluency and word finding

**Motor:** pronator drift, gait/coordination

Record any abnormalities. No points are given for this.

XII. Concentration

Reverse Digits: (go to next string length if correct on first trial. Stop if incorrect on both trials.) 1 pt. for each string length.

4-9-3 6-2-9 0 1
3-8-1-4 3-2-7-9 0 1
6-2-9-7-1 1-5-2-8-5 0 1
7-1-8-4-6-2 5-3-9-1-4-8 0 1

Months in reverse order:

(1 pt. for entire sequence correct)
Dec-Nov-Oct-Sep-Aug-Jul
Jun-May-Apr-Mar-Feb-Jan 0 1

Concentration Total Score ____/5

XIII. Delayed Recall (1 pt. each)

Ask the patient to recall the 5 words from the earlier memory test (Do NOT reread the word list.)

<table>
<thead>
<tr>
<th>List</th>
<th>Trial Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elbow</td>
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<tr>
<td>Apple</td>
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<td>Carpet</td>
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<td>Saddle</td>
<td>0 1</td>
</tr>
<tr>
<td>Bubble</td>
<td>0 1</td>
</tr>
</tbody>
</table>

Delayed Recall Total Score ____/5

TOTAL SCORE ____/30

Notes: __________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________

Diagnosis: (circle one or write in diagnoses)

No concussion

850.0 Concussion without

Loss of Consciousness (LOC)

850.1 Concussion with

Loss of Consciousness (LOC)

Other diagnoses ___________________________

__________________________