Toronto Ultimate Club Suspected Concussion Report Form

Player Name: _____ Date of Birth: _____
Date & Time of Injury: _____ Team Name: _____
League/Session/Event: _____ Game/Session Location: _____

Injury Description:

Reported Symptoms (Check all that apply):

O Headache	O Feeling mentally foggy	O Sensitive to light
O Nausea	O Feeling slowed down	O Sensitive to noise
O Dizziness	O Difficulty concentrating	O Irritability
O Vomiting	O Difficulty remembering	O Sadness
O Visual problems	O Drowsiness	O Nervous/anxious
O Balance problems	O Sleeping more/less than usual	O More emotional
O Numbness/tingling	O Trouble falling asleep	O Fatigue

Red Flag Symptoms (Check all that apply): Call 911 immediately with a sudden onset of any of these symptoms

O Headache that worsens	O Can't recognize people or places	
O Seizures or convulsions	O Increasing confusion or irritability	**Was 911 called?**
O Repeated vomiting	O Weakness or numbness in arms/legs	O Yes
O Loss of consciousness	O Persistent or increasing neck pain	
O Looks very drowsy/can't be awakened	O Unusual behavior change	O No
O Slurred speech	O Focal neurological signs (e.g. paralysis, weakness, etc.)	

Are there any <u>other</u> observable/reported systems? O Yes O No
If yes, what: _____

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

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

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

Does this player take any medication? O Yes O No O Unsure O Prefer not to answer
If yes, please list: _____

I [name of trainer/coach/manager/captain completing this form], _____ recommended to the player/player's parent/guardian that the player sees a medical professional immediately. A medical professional includes a medical doctor, family doctor, pediatrician, emergency room doctor, sports-medicine physician, neurologist or nurse practitioner.

Signature: _____ Date: _____ Role: _____

PLEASE NOTE: This form is to be completed by the team trainer/coach/captain in the event of a <u>suspected</u> concussion in *<u>any Toronto Ultimate (TUC) activity</u>*. Once this form is complete, give one copy of this report to the player/player's parent/guardian and the other to the TUC head offices. **EMAIL:** ed@tuc.org. **Players/Player's parents/guardians are to take this form to a medical professional immediately.**
***Please review TUC's Concussion Policy for the list of appropriate medical professionals for the diagnosis.**