Suspected Concussion Report Form

Holland Bloorview Kids Rehabilitation Hospital | Concussion Centre

Player Name:_____ Player DOB:_____
Date & Time of Injury:_____ Team Name:_____
Age Group:_____ Game/Practice Location:_____ Sex: M / F

Injury Description: Player to player contact ☐ Ball to player contacts ☐ Fall to ground ☐ Other ☐

Reported and Observable Symptoms (Check all that apply):

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

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

☐ Severe or increasing headache	☐ Neck pain or tenderness	☐ Seizure or convulsion
☐ Double vision	☐ Loss of consciousness	☐ Repeated vomiting
☐ Weakness or tingling/burning in arms/legs	☐ Deteriorating conscious state	☐ Increasingly restless, agitated, or combative

Are there any other observable/reported symptoms? ☐ Yes ☐ No
If yes, what:_____

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

Has this player had a concussion before? ☐ Yes ☐ No ☐ Don't know
If yes, how many:_____

Does this player have any pre-existing medical conditions? ☐ Yes ☐ No ☐ Don't know
If yes, please list:_____

I [*name of coach completing this form*]:_____ recommended to the player's parent or guardian that the player sees a medical doctor/nurse practitioner regarding a suspected concussion. This includes a family physician, pediatrician, sports-medicine physician, neurologist, or internal medicine/rehabilitation (psychiatrists).

Signature_____ Date:_____

Phone Number:_____ Email Address: _____

This form is to be completed by the head coach in the event of a suspected concussion in any club and/or team soccer activity. Once complete, give one copy of this report to parent/guardian and the other to Hamilton Sparta president, physically or by email. This report form is aligned with best practice guidelines and a tool to be used to support the remove-from-sport and return-to-sport protocols.