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Great Lakes Sports Concussion Clinic
Comprehensive Care.

History Form

Name _____

Age and Birthday _____

Medication Allergies _____

Grade _____

Sport/Position(s) _____

What is the main reason for this appointment? When did your injury occur?

_____

_____

_____

Medical History:

Please list any prior orthopedic injuries, head injuries, and/or other injuries

1
2
3
4
5

Current Medications:

Surgical History:

Prior Hospitalizations:

Do you have any history of:

- ☐ *diabetes*
- ☐ *hypertension*
- ☐ *stroke*
- ☐ *high cholesterol*
- ☐ *kidney dysfunction/failure*
- ☐ *liver disease*
- ☐ *sleep apnea/snoring*
- ☐ *seizure*
- ☐ *pulmonary disease/distress*
- ☐ *coronary artery disease*
- ☐ *heart disease*
- ☐ *motor vehicle accident*
- ☐ *cancer*
- ☐ *radiation or chemotherapy*
- ☐ *major surgery*

_____

_____

_____

Other: _____

Have you had any recent or new difficulty with any of the following:

- ☐ *memory*
- ☐ *finding words or understanding what people are saying*
- ☐ *balance*
- ☐ *falls*
- ☐ *walking normally/coordination*
- ☐ *strength*
- ☐ *eyesight/seeing clearly*
- ☐ *dexterity/using your hands*
- ☐ *headaches*
- ☐ *sleeping*
- ☐ *eating*
- ☐ *swallowing/coughing while eating*
- ☐ *getting along with people*
- ☐ *decreased mood/crying*
- ☐ *following conversations*
- ☐ *driving*
- ☐ *pain/numbness*
- ☐ *increased fatigue*

Any other new symptoms or difficulties:

Psychological History:

Any recent or history of psychological treatment or diagnosis, including therapy, counseling, or hospitalizations for depression, anxiety, or other mental health concerns?
If Yes, please explain:

Developmental History:

Are you aware of any problems during gestation, birth, or in early life?
Did you have any difficulty learning to talk, read, or walk?
If Yes, please explain:

_____

_____

Education History:

Any history of difficulty in school or other academic settings at any point in life?

_____

_____

Family History:

Major medical history in immediate family members _____
Major medical history in extended family members _____
Any history of psychological diagnoses in family members _____