

New Patient

UR Medicine Sports Concussion Clinic
4901 Lac de Ville Blvd

Physical Medicine & Rehabilitation
Building D, suite 250

Name: _____

School: _____

Primary Care MD: _____

Athletic Trainer: _____

Baseline ImPACT Test? Yes No

Average Academic Performance

A+ A B+ B C+ C

Sport: _____

Who do you live with? (check all that are true)

- Mom and Dad in the same place
- Mom and Dad living in different homes
- Mom and Step-Dad
- Dad and Step-Mom
- Other (specify who: grandparent, friend, etc _____)

Tell us about your most recent concussion.

1. When did it occur? (use calendar on Page 3 to jog your memory) _____

2. How did it happen? _____

3. Did you go a hospital or urgent care for your injury? Y N If so, when? _____

4. Have you had any of the following imaging tests since your injury? Head CT Head MRI
Neck x-rays Neck CT No Imaging

5. List the dates you were unable to play your sport due to your injury (use calendar on Page 3 to jog your memory): _____

6. List the dates you were unable to attend school due to your injury (use calendar on Page 3 to jog your memory): _____

7. Tell us what symptoms or problems have been bothering you the most since your concussion: _____

[continued on next page]

8. What medications or therapies have you used to treat your concussion symptoms? _____

Prior Concussion History:

Number of previous concussions: _____

Dates of prior concussions: _____

Allergies **None**

List all known allergies to medications; food or latex

Name of Medication/Food/Latex	Type of Reaction

Current Medications **None**

List all medications you are currently taking including herbs, vitamins, or supplements

Name of Medication	Dosage

Medical History

List all past and current medical problems (ex: asthma) and surgeries (ex: ACL repair)

Medical Problem	Surgeries

Do you have or have you ever had:

Prior history of headache	Y	N
History of migraine	Y	N
Family history of migraine	Y	N
Anxiety	Y	N
Depression	Y	N
Sleeping Disorder	Y	N

Do you have or have you ever had:

A learning disability	Y	N
Sensory Integration Disorder	Y	N
Processing Disorder	Y	N
Dyslexia	Y	N
ADHD / ADD	Y	N
Strabismus	Y	N
Lazy Eye	Y	N
Motion Sensitivity	Y	N

September 2015							October 2015							November 2015							December 2015						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7			1	2	3	4	5
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31		

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2016 Calendar

January 2016							
W	S	M	T	W	T	F	S
53						1	2
1	3	4	5	6	7	8	9
2	10	11	12	13	14	15	16
3	17	18	19	20	21	22	23
4	24	25	26	27	28	29	30
5	31						

February 2016							
W	S	M	T	W	T	F	S
5		1	2	3	4	5	6
6	7	8	9	10	11	12	13
7	14	15	16	17	18	19	20
8	21	22	23	24	25	26	27
9	28	29					

March 2016							
W	S	M	T	W	T	F	S
9			1	2	3	4	5
10	6	7	8	9	10	11	12
11	13	14	15	16	17	18	19
12	20	21	22	23	24	25	26
13	27	28	29	30	31		

April 2016							
W	S	M	T	W	T	F	S
13						1	2
14	3	4	5	6	7	8	9
15	10	11	12	13	14	15	16
16	17	18	19	20	21	22	23
17	24	25	26	27	28	29	30

May 2016							
W	S	M	T	W	T	F	S
18	1	2	3	4	5	6	7
19	8	9	10	11	12	13	14
20	15	16	17	18	19	20	21
21	22	23	24	25	26	27	28
22	29	30	31				

June 2016							
W	S	M	T	W	T	F	S
22				1	2	3	4
23	5	6	7	8	9	10	11
24	12	13	14	15	16	17	18
25	19	20	21	22	23	24	25
26	26	27	28	29	30		

July 2016							
W	S	M	T	W	T	F	S
26						1	2
27	3	4	5	6	7	8	9
28	10	11	12	13	14	15	16
29	17	18	19	20	21	22	23
30	24	25	26	27	28	29	30
31	31						

August 2016							
W	S	M	T	W	T	F	S
31		1	2	3	4	5	6
32	7	8	9	10	11	12	13
33	14	15	16	17	18	19	20
34	21	22	23	24	25	26	27
35	28	29	30	31			

September 2016							
W	S	M	T	W	T	F	S
35					1	2	3
36	4	5	6	7	8	9	10
37	11	12	13	14	15	16	17
38	18	19	20	21	22	23	24
39	25	26	27	28	29	30	

October 2016							
W	S	M	T	W	T	F	S
39							1
40	2	3	4	5	6	7	8
41	9	10	11	12	13	14	15
42	16	17	18	19	20	21	22
43	23	24	25	26	27	28	29
44	30	31					

November 2016							
W	S	M	T	W	T	F	S
44			1	2	3	4	5
45	6	7	8	9	10	11	12
46	13	14	15	16	17	18	19
47	20	21	22	23	24	25	26
48	27	28	29	30			

December 2016							
W	S	M	T	W	T	F	S
48					1	2	3
49	4	5	6	7	8	9	10
50	11	12	13	14	15	16	17
51	18	19	20	21	22	23	24
52	25	26	27	28	29	30	31

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