WESTLAKE ACADEMY

IB Continuum World School

2600 JT Ottinger Road, Westlake TX - WestlakeAcademy.org - Tel: 817-490-5757

Athlete Name: _____ **Student ID #** _____ **Grade:** ____ **Date of Injury:** _____

Supervising Coach/Nurse/Athletic Trainer: _____

0	1	2	3	4	5	6
NONE			MODERATE			SEVERE

NOTE: Grading of symptom severity on a scale 0-6.

	SYMPTOMS	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time
Physical Findings	Headache							
	Pressure in Head							
	Neck Pain							
	Nausea/Vomitting							
	Balance Problems							
	Dizziness							
	Visual Problems							
	Fatigue/Low Energy							
	Sensitivity to Light							
	Sensitivity to Noise							
	Numbness/Tingling							
Cognitive Findings	Feeling Slowed Down							
	Feeling Mentally "Foggy"							
	“Don’t Feel Right”							
	Difficulty Concentrating							
	Difficulty Remembering							
Emotional Findings	Irritability							
	Sadness							
	More Emotional							
	Nervous/Anxious							
Sleep Findings	Drowsiness							
	Sleeping Less							
	Sleeping More							
	Trouble Falling Asleep							
Number of Symptoms/ Severity Scale (Add the Symptoms)								