

## HEADSMART™ SPORTS CONCUSSION PROGRAMME

### COGNITIVE REHABILITATION PROGRAMME

Athlete / Player Name: \_\_\_\_\_ Gender: Male / Female

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Name of School / Club: \_\_\_\_\_

Today's date: \_\_\_\_\_ Concussion date: \_\_\_\_\_

#### CONTACT DETAILS

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

#### Attendance

- Rest at home
- Part-time attendance
- Full-time attendance
- Other

Describe other: \_\_\_\_\_ Days at home: \_\_\_\_\_

#### Study load

- Class work only
- Up to 1 hour of homework per day
- Normal homework activity
- Other

Describe other: \_\_\_\_\_

#### Rest time

- 10-15 minutes per hour of class activity
- 15 minutes of extra recess & lunch breaks
- No additional rest required
- Other

Describe other: \_\_\_\_\_

#### Testing & Exams

- No tests & assignments or exams
- Allow extra time to complete tests & exams
- Normal testing & exams
- Other

Describe other: \_\_\_\_\_

#### Noise exposure

- Leave 5 minutes before class ends to get to next venue
- Avoid all noisy areas: canteen, assembly, music
- Normal sound exposure

- Other

Describe other: \_\_\_\_\_

**Light exposure**

- Wear sunglasses & hat when walking outside
- Limit screen time to less than 2 hours / day
- Normal light & reading stimuli
- Other

Describe other: \_\_\_\_\_

**Symptom check-list (tick all that apply)**

- Headache
- Dizziness
- Blurred vision
- Balance problems
- Don't feel right
- Fatigue / low energy
- Nausea / vomiting
- Noise sensitivity
- Light sensitivity
- Slow thinking
- Memory trouble
- Poor concentration
- Confusion
- Irritable / sad
- Sleep difficulty
- Poor school performance
- Other

Describe other: \_\_\_\_\_

**Symptoms develop or worsen**

- Go to sick bay

**Symptoms persist or worsen**

- Go home

**Doctor's notes**

**ATHLETE / PLAYER PRIVACY**

- ✓ I have read and accepted the website terms and conditions.
- ✓ I consent that anonymous data may be collected for research purposes.

Signed \_\_\_\_\_ Todays date: \_\_\_\_\_

Your email address \_\_\_\_\_

Teacher's name: \_\_\_\_\_ Teacher's email: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's email: \_\_\_\_\_