Concussion Patient Case Presentation Form

PLEASE FILL OUT THIS FORM ON YOUR COMPUTER

Please do not include any patient identifying data.
This case form is the only document used for your ECHO case.
Do not send any supplementary materials or share documents from your screen during the case presentation.

Presenter: Site: Date:

How long have you been seeing the patient?

How many visits have you had with the patient?

Brief Patient Demographics

Age Sex Ethnic Background

Occupation

Employed: FT ☐ PT ☐ Unemployed ☐ Employed prior to Concussion? Yes ☐ No ☐

Current Student? Yes ☐ No ☐ If you answered yes: FT ☐ PT ☐

Living arrangement and circumstances (lives alone, with significant other/family, stability of housing)

Concussion details

Date of presenting injury

Details of presenting injury (description of event, including cause and circumstances of injury)

Loss of Consciousness If yes, duration

Amnesia If yes, duration Glasgow Coma Scale

CT completed: Yes☐ No☐ MRI completed: Yes☐ No☐

Current Symptom Profile: Primary **current** complaints

	No complaint	Minor complaint	Moderate complaint *(interfering with daily activities*	Severe complaint *cannot complete daily activities*	Don't know
Light sensitivity					
Sound sensitivity					
Headache					
Dizziness					
Attention/concentration problems					
Reduced processing speed					
Memory problems					
"Fogginess"					
Balance problems					
Depression symptoms					
Anxiety symptoms					
Increased irritability					
Sleep changes					

Please list any other physical, cognitive, and/or emotional symptoms

Treatments/consultations: List history of pertinent treatments/consultations for concussion (include referrals to neurologists, psychologists, chiropractors, OTs, PTs, etc.) [indicate if in past or current]

Medication History: Medication Pertinent to Concussion-related symptoms

Medical history: List any past Medical, Psychiatric, Neurological History and/or conditions.

Substance Use: List non-perscription drugs, alcohol, nicotine, cannabinoids, etc including any substance abuse history

Your main questions concerning your patient (please list top 2 main questions).

Save Case Form

**Once the form saves, the information can't be modified*

***IMPORTANT* PLEASE SAVE THIS DOCUMENT AS A PDF BEFORE CLOSING TO AVOID LOSING INFORMATION**

ECHO Staff Use:

SIGNATURE:

DATE:

SIGNATURE:

DATE: