



## 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** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

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

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

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