

## ImPACT Baseline Testing Intake Form

Athlete Name:

Date of Birth:

School/Organization:

Parent Name:

Contact phone **AND** e-mail:

Has your athlete been diagnosed with a concussion? If yes, list dates and symptoms:

Has your athlete received speech therapy? YES      NO

Has your athlete attended special education classes? YES      NO

Has your athlete repeated a year or school? YES      NO

Does your athlete have a diagnosed with a learning disability? If yes, please identify:

Has your athlete been diagnosed with ADD or ADHD? YES      NO

Has your athlete been treated for headaches by a physician? YES      NO

Has your athlete been treated for migraines? YES      NO

Has your athlete been treated for epilepsy/seizures? YES      NO

Has your athlete been treated for brain surgery? YES      NO

Has your athlete been treated for meningitis? YES      NO

Has your athlete been treated for substance/alcohol abuse? YES      NO

Has your athlete been treated for a depression/anxiety? YES      NO

Has your athlete been diagnosed with dyslexia? YES      NO

Has your athlete been diagnosed with autism? YES      NO

Does your athlete take any medications regularly? If yes, please list:

Does your athlete wear contacts or glasses?

Updated 09/2015