



ImPACT® Baseline Testing Worksheet

Athletes and Parents, please complete this worksheet PRIOR to the test session. It is important that this information be accurate and complete. Athletes will be required to enter this information into the test.

I. Demographic and Background Information

First Name: _____ **Last Name:** _____

School / Team: _____

Date of Birth: _____ month _____ date _____ year

Height: _____ ft _____ in Weight: _____ Gender: _____ male _____ female

Handedness: _____ right _____ left _____ ambidextrous (both right and left)

Years of education completed excluding kindergarten: _____
(e.g., high school senior is 11 years, high school junior is 10 years etc.)

Check any of the following that apply:

- Received speech therapy
- Attended special education classes
- Repeated one or more years of school
- Diagnosed attention deficit disorder or hyperactivity
- Diagnosed learning disability

While in school, what type of student were / are you?

Below Average Average Above Average

Current Sport: _____

Current position: _____

(e.g., Goalie, Forward, Defense)

Current level of participation: _____ (e.g., high school, junior high school)

Years of experience in the ADHSHL: _____ (0 - 3)

(e.g., high school senior = 3)

Please list your 5 most recent concussions:

_____	month	_____	year
_____	month	_____	year
_____	month	_____	year
_____	month	_____	year
_____	month	_____	year

Concussion History

- Number of times diagnosed with a concussion (excluding current injury)
- Total number of concussions
- Total number of concussions that resulted in confusion
- Total number of concussions that resulted in difficulty with memory for events that occurred immediately after injury
- Total number of concussions that resulted in difficulty with memory for events that occurred immediately before injury
- Total number a games that were missed as a direct result of all concussions combined

I. Demographic and Background Information (cont.)

II.

ImPACT® Baseline Testing Worksheet

Indicate if you have had any of the following:

- _____ yes _____ no Treatment for headaches by physician
- _____ yes _____ no Treatment for migraine headaches by physician
- _____ yes _____ no Treatment for epilepsy / seizures
- _____ yes _____ no Treatment for brain surgery
- _____ yes _____ no Treatment for meningitis
- _____ yes _____ no Treatment for substance abuse / alcohol abuse
- _____ yes _____ no Treatment for psychiatric condition (depression, anxiety)

Have you been diagnosed with any of the following?

- _____ yes _____ no ADD/ ADHD
- _____ yes _____ no Dyslexia
- _____ yes _____ no Autism

Have you participated in any strenuous exercise and/or exertion in the last 3 hrs?

- _____ yes _____ no

Date of your last concussion: _____ month _____ date _____ year

Number of hours slept last night: _____ (approximate if uncertain)

Please list any **PRESCRIPTION** medication (s) you are currently taking:

CONSENT FOR BASELINE COGNITIVE TESTING and RELEASE OF INFORMATION

I give my permission for (name of child) _____,

born (date of birth) _____, to have a baseline ImPACT® (Immediate Post-Concussion Assessment and Cognitive Testing) test administered by the Anaheim Ducks High School Hockey League. I understand that my child may need to be tested more than once, depending upon the results of the test. I understand there is no charge for the testing.

The Anaheim Ducks High School Hockey League or its designee may release the ImPACT® test results to my child's primary care physician, neurologist, other treating physician, or any licensed healthcare professional.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

The test data is stored on a secured server through the ImPACT® Company which can only be accessed using a valid login and password.

Please provide the following information:

Name of parent/guardian _____

Signature of parent/guardian _____

Parent or guardian phone numbers:

Home _____

Mobile _____

Email _____

Date _____