



Registration Form and Baseline Worksheet

I. Demographic and Background Information

General Information

Name _____

DOB _____ Height _____ Weight _____

School/ Organization _____

Parent/Guardians Name _____

Address _____

Phone _____ Email Address _____

Language

Native Language _____ Native Country _____

Education

Years of Education Completed (e.g., high school senior is 11 years) _____ years

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

Concussion History

Number of times diagnosed with a concussion: _____

- Total number of concussions that have resulted in loss of consciousness
- Total number of concussions that resulted in confusion
- Total number of concussions that resulted in difficulty with memory of events occurring immediately after injury
- Total number of concussions that resulted in difficulty with memory of events occurring immediately before injury
- Total number of games that were missed as a result of concussions

Please List your five most recent concussions (month/year):



Indicate whether you have experienced 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 History of brain surgery
- Yes No History of meningitis
- Yes No Treatment for substance/ alcohol abuse
- Yes No Treatment for psychiatric condition (depression, anxiety etc.)

Current medications: _____

II. Neuropsychological Testing (computerized baseline)

- Do you have an ImPACT test on file with us?(Y/N) _____
- If so, when was your last test? _____

III. Release of Information

- I/We acknowledge we have read understand our HIPPA Privacy Rights as posted on the AZ Sports Concussion Website.
- AZ Sports Concussion Center, LLC may release the ImPACT baseline test results to your child's primary care physician, neurologist, or other treating physician, including those physicians trained and certified in Baseline and Post Injury ImPACT testing. AZ Sports Concussion Center requires an authorization to release medical records to these physicians, unless there exists an urgency or emergency situation in which this information would be beneficial to the patient.
- The AZ Sports Concussion Center, LLC will not release Baseline or Post Injury test results under any circumstances without your written approval, which may be delivered via fax, email, or scan. We will not release information to schools, guidance counselors, coaches, or club organization officials without your written authorization.

Name of athlete: _____ Date of Birth: _____

Name of parent/guardian: _____
(If athlete is under 18 years of age)

Signature of parent/guardian: _____

Email address: _____

Phone numbers :(H) _____ (Cell) _____

IV. Payment

Enclosed in attached envelope _____

Other (please explain) _____