



# FYZICAL<sup>®</sup>

Therapy & Balance Centers

Name: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth:

Grade in school: \_\_\_\_\_  
\_\_\_\_\_

School:

Sports participation:

\_\_\_\_\_

Employment:

\_\_\_\_\_

Date of head injury: \_\_\_\_\_

1) Discription of current head injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) How long have you missed school, play, or work due to the injury?

\_\_\_\_\_

3) Are you in school or at work, but under medical restrictions?

\_\_\_\_\_

4) Did you experience any of these symptoms in the first 72 hours after injury? **Circle all that apply.**

- a. Headache
- b. Dizziness
- c. Loss of consciousness
- d. Memory alteration
- e. Imbalance or uncoordination
- f. Changes in vision or hearing

5) Do you experience any current motion intolerances after this injury? **Check all that apply.**

- Driving on city streets
- Watching a movie or action TV
- Driving on the highway
- Playing video games
- Riding as a vehicle passenger
- Texting
- Walking in store aisles
- Scrolling on computer/phone/tablet
- Walking over a patterned floor
- Reading book or computer screen
- Standing still near moving traffic
- Riding on elevators or escalators

Do you have a pre-existing history of motion intolerance prior to this injury, even in childhood?

Yes / No

6) Excluding the current injury, how many additional **diagnosed** concussions?

\_\_\_\_\_

How many suspected **undiagnosed** head injuries?

\_\_\_\_\_

7) Medical history: **Circle all that apply. If “other” is circled, you may elaborate during the evaluation with your therapist.**

Cardiopulmonary <ul style="list-style-type: none"><li>• High blood pressure</li><li>• Heart arrhythmia</li><li>• Asthma</li><li>• High cholesterol</li><li>• Other</li></ul>	Neurological <ul style="list-style-type: none"><li>• Stroke</li><li>• Seizures</li><li>• Central nervous system disorder</li><li>• Migraine history</li><li>• Other</li></ul>	Orthopedic <ul style="list-style-type: none"><li>• Neck/Back injury</li><li>• Significant arm or leg injury</li><li>• Joint surgery</li><li>• Arthritis</li><li>• Other</li></ul>	Endocrine <ul style="list-style-type: none"><li>• Diabetes</li><li>• Thyroid imbalance</li><li>• Other</li></ul>
Cognitive <ul style="list-style-type: none"><li>• ADD/ADHD</li><li>• Learning disorder</li><li>• Other</li></ul>	Psychological <ul style="list-style-type: none"><li>• Anxiety</li><li>• Depression</li><li>• Panic attacks</li><li>• Bipolar disorder</li><li>• Other</li></ul>	Systemic <ul style="list-style-type: none"><li>• Auto-immune</li><li>• High fever (104 F +)</li><li>• Cancer</li></ul>	

8) Current ear-related complaints:

Tinnitus (ringing or buzzing)  Right  Left  Both  None