2018-2019 La Pietra – Pre Impact Worksheet

Student Last Name	Student First Name	Date of Birth	Gender: Female

Height (ft., inches) Weight (lbs) Handedness ☐ Right ☐ Left Place of Birth:

Languages: 1st: 2nd (if fluent):

Ethnicity:

Years of education completed, excluding Kindergarten ☐ Freshmen ☐ Sophomore ☐ Junior ☐ Senior

In school, what type of student are you? ☐ Below Average (C – D) ☐ Average (B – C) ☐ Above Average (A – B)

Does any of the following apply to you:

Yes	No	Receive speech therapy
Yes	No	Attend special education classes
Yes	No	Repeated one or more years of school
Yes	No	Diagnosed with a learning disability
Yes	No	Diagnosed with attention deficit disorder (ADD) or hyperactivity (ADHD)

Have you had experienced treatment for:

Yes	No	Headaches by physician
Yes	No	Migraine headaches by physician
Yes	No	Epilepsy or seizures
Yes	No	Brain Surgery
Yes	No	Meningitis
Yes	No	Substance or Alcohol abuse
Yes	No	Psychiatric Condition (depression or anxiety)

Have you ever been diagnosed with any of the following conditions?

Yes No Dyslexia Yes No Autism

Yes No Are you currently on medications?
Please list.

Yes No Have you participated in any strenuous exercise or practice in the last 3 hours (enter on the day of testing)?

Hours of sleep last night (enter on the day of testing):

Yes No Have you ever been diagnosed with a Concussion? If yes, answer the following questions:

Number of times diagnosed with a concussion, excluding current injury:

Total number of concussions that resulted in:

	Loss of consciousness		Difficulty with memory for events occurring immediately before injury
	Confusion		
	Difficulty with memory for events occurring immediately after injury		Total games missed as a direct result of all concussions combined

Month/year of 5 most recent concussions:

Current Sport(s):		Current position/weight class	Years of past High School Experience
1.	☐ Inter ☐ JV ☐ Vars		
2.	☐ Inter ☐ JV ☐ Vars		
3.	☐ Inter ☐ JV ☐ Vars		

*Please bring this completed form with you on the day of your concussion testing.