

La Pietra - Pre Impact Worksheet – 2019-2020

Student Last Name _____ Student First Name _____ Date of Birth _____ Gender: Female
 Right Left

Height (ft., inches) _____ Weight (lbs) _____ Handedness _____ 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)

Circle any of the following that apply to you:

- Yes No Receive speech therapy
- Yes No Attended 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 ADD / ADHD Yes No Dyslexia Yes No Autism

Yes No Have you participated in any strenuous exercise or practice in the last 3 hours?

Yes No Are you currently on medications?
Please list.

Hours of sleep last night: _____

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

Month/year of 5 most recent concussions: _____

Current Sport(s):	Current position/weight class	Yrs of past High School Experience
1. <input type="checkbox"/> Inter <input type="checkbox"/> JV <input type="checkbox"/> Vars		
2. <input type="checkbox"/> Inter <input type="checkbox"/> JV <input type="checkbox"/> Vars		
3. <input type="checkbox"/> Inter <input type="checkbox"/> JV <input type="checkbox"/> Vars		