



ImPact Baseline Testing Consent Form

As you well know, concussions can happen to any athlete – male or female – in any sport. Concussions are a type of traumatic brain injury (TBI) that can be caused by a direct hit to the head or by a hit to the body causing the head and neck to whiplash. Athletes may be knocked unconscious with a concussion, but many who suffer from concussions actually never lose consciousness. Head injuries can range from mild to severe and can disrupt the brain from working normally. Common complaints after concussions include headaches, slowed reactions, difficulties concentrating, sleep problems, and difficulty remembering things, among many others. According to the Centers for Disease Control, more than 300,000 sports-related concussions occur in the United States every year. These injuries can lead to a wide range of problems including academic difficulty, loss of playing time, and in severe cases, retirement from athletic play. It is important that all athletes who are suspected to have suffered a possible concussion be seen immediately by a professional trained in sports medicine and specifically in concussion management to help reduce the risk of any potential complications before the athlete is returned to the playing field.

OhioHealth is excited to offer the most comprehensive head injury management program in Central Ohio. This program will be using the best physicians in concussion management as well as reputable computer based technology to help safely and successfully return athletes to competition after receiving a concussion. What we are asking is for you permission to evaluate the way that your athlete’s brain functions by using a technology known as ImPact. The baseline test takes about 25-45 minutes and evaluates how your child’s memory works and how quickly their brain reacts. This is in no way a test of intelligence, but rather a test that can give a doctor a clearer understanding of how your child’s brain functions under the best, uninjured conditions. This data will be saved in a secure database and accessed only in the event that your child receives a head injury. The baseline test has proven to be valuable since it shows how the brain functions when it is “healthy” and can be compared to data gathered after injury. This baseline test is free to your child as a service of OhioHealth Sports Medicine. All that it will cost you to have a baseline test done is about 25-45 minutes of your child’s time.

Below you will find a consent form allowing your child to participate in baseline testing. Again, by providing consent, you are allowing your child an opportunity to be involved in a very exciting program that has ultimately been designed to provide you and your family piece of mind when it comes to head injuries.

Please check one of the boxes below, *print* your child’s first and last name, sign, date and return immediately to the coach or the athletic trainer so that testing slots can be assigned

Email: _____

Yes, I give my child _____ permission to be baseline tested

Signed: _____ Date: _____

No, I do not give my child _____ permission to be baseline tested

Signed: _____ Date: _____

***If you have questions, need follow up care or more information, please call
OhioHealth Sports Medicine at 614-566-Game GetintheGameOhio.com***



ImPact Testing Demographics Sheet

Please PRINT clearly to ensure accuracy by our test administrators

School/ Organization: _____

Date of Birth (mm/dd/yyyy) _____

Name: First: _____ Last: _____

Height (ft and in): _____ Weight (in lbs): _____

Gender: _____ Handedness (Right, Left, Both): _____

Native Country: _____ Email: _____

Native Language: _____ Second Language: _____

Total Years of Education (not including Kindergarten): _____

Please Check all That Apply:

_____ Received Speech Therapy _____ Attended (s) Special Education Classes

_____ Repeated a Grade _____ Diagnosed with a Learning Disability

_____ Diagnosed Attention Deficit and/or Hyperactive (ADD/ADHD)

Please Check One: While in school what type of student are/were you:

_____ Below Average _____ Average _____ Above Average

Sport are you currently playing _____ Position/Event/Class _____

Please Check the level that you are currently competing in:

_____ Profession _____ Semi-Professional _____ Collegiate _____ High School

_____ Junior High School/Middle School _____ Other

How many years you have played at this level? (do not count this current year): _____

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For the following questions about your injury history, please place your answers on the lines provided:

_____ The number of times you have been diagnosed with a concussion

_____ The total number of concussions that resulted in the loss of consciousness

_____ The total number of concussions that resulted in confusion

_____ The total number of concussions that resulted in difficulty with memory for events occurring immediately after the injury

_____ The total number of concussions that resulted in difficulty with memory for events occurring immediately before the injury

_____ Total number of games missed as a direct result of all concussions combined

Please list the five most recent concussions you have sustained by date (you can approximate):

1. _____
2. _____
3. _____
4. _____
5. _____

For the next set of questions please circle yes or no for each of the statements as they relate to you:

YES or NO Treatment received for headaches by a physician

YES or NO Treatment for migraine headaches by a physician

YES or NO Treatment for epilepsy/seizures

YES or NO Treatment for brain surgery

YES or NO Treatment for meningitis

YES or NO Treatment for substances/alcohol

YES or NO Treatment for psychiatric conditions such as depression or anxiety

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