



# Garden City Minor Hockey

## Trainer Concussion Report Form

Updated Aug 2023



Date of injury: \_\_\_\_\_ Time: \_\_\_\_\_

Date you were aware of suspected injury: \_\_\_\_\_

Injury scenario and description:

### REPORTED SYMPTOMS (CHECK ALL THAT APPLY)

<input type="checkbox"/> Visual problems	<input type="checkbox"/> Balance problems	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Irritability
<input type="checkbox"/> Nausea	<input type="checkbox"/> Feeling mentally foggy	<input type="checkbox"/> Sleeping more/less than usual	<input type="checkbox"/> Sadness
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Feeling slowed down	<input type="checkbox"/> Trouble falling asleep	<input type="checkbox"/> Nervous/anxious
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Sensitive to light	<input type="checkbox"/> More emotional
<input type="checkbox"/> Headache	<input type="checkbox"/> Difficulty remembering	<input type="checkbox"/> Sensitive to noise	<input type="checkbox"/> Fatigue

### RED FLAG SYMPTOMS (CHECK ALL THAT APPLY): CALL 911 IMMEDIATELY WITH A SUDDEN ONSET OF ANY OF THESE SYMPTOMS

<input type="checkbox"/> Severe or increasing headache	<input type="checkbox"/> Neck pain or tenderness	<input type="checkbox"/> Seizure or convulsion
<input type="checkbox"/> Double vision	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Repeated vomiting
<input type="checkbox"/> Weakness or tingling/burning in arms/legs	<input type="checkbox"/> Deteriorating conscious state	<input type="checkbox"/> Increasingly restless, agitated or combative

Are there any other symptoms or evidence of injury to anywhere else? ☐ Yes ☐ No

If yes, what: \_\_\_\_\_

Has this player had a concussion before? ☐ Yes ☐ No

If yes, how many: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ >5 ☐ Unsure

Any pre-existing medical conditions or take any medications? ☐ Yes ☐ No

I recommend the player seek assessment for a suspected concussion as soon as possible by a medical doctor.

**GCMHA Concussion Assessment Form** should be completed by the **player's doctor** whether a concussion has been diagnosed or not.

If a concussion is diagnosed return to play protocols will need to be followed and **GCMHA Concussion Clearance Form** completed.

**TRAINER NAME :**

**SIGNATURE:**

**DATE:**