

New Patient Intake Form for Concussion/TBI Inspiration Point Acupuncture & Wellness

Name: _____ Date: _____

How much of a disruption to your daily life are the following?
0 - no disruption to 5 - severe disruption

- Headaches 0 1 2 3 4 5
- Nausea/Vomiting 0 1 2 3 4 5
- Fatigue 0 1 2 3 4 5
- Sleep 0 1 2 3 4 5
- Dizziness 0 1 2 3 4 5
- Vertigo 0 1 2 3 4 5
- Balance 0 1 2 3 4 5
- Sensitivity to Light/Sound 0 1 2 3 4 5

Please check either Yes or No for each symptom

Cognitive

- Do you feel like your brain is working slower than usual? Y___ N___
- Are there times when you feel like you brain doesn't want to work? Y___ N___
- Are you having trouble with your short term memory? Y___ N___
- Are you having trouble learning and remembering new information? Y___ N___
- Are you having trouble staying organized? Y___ N___
- Are you have trouble remembering appointments, keeping a schedule, or meeting deadlines? Y___ N___
- Are you having trouble coping with stress, or situations that didn't used to bother you? Y___ N___
- Do you feel like your brain gets tired very quickly? Y___ N___
- Are you having trouble staying focused on a conversation if there is background noise or activity? Y___ N___

Vision/Eyes

- Are you experiencing blurry vision? Y___ N___
- Are you having trouble bringing objects into focus? Y___ N___
- Does reading make your symptoms worse? Y___ N___
- Do you lose your place easily when you read? Y___ N___
- Are you having trouble comprehending what you read? Y___ N___
- Does visual motion make your symptoms worse? Y___ N___
- Do you feel like objects are moving when they are not? Y___ N___
- Do you experience dizziness or vertigo? Y___ N___

Concussion/TBI Intake Questionnaire Cont.

Autonomic Nervous System

- Do you often feel lightheaded or dizzy? Y___ N___
- Do you get nauseous for no apparent reason? Y___ N___
- Does your temperature fluctuate frequently? Y___ N___
- Do you experience hot flashes? Y___ N___
- Does your heart race when you stand? Y___ N___
- Do your symptoms get worse when you exercise? Y___ N___
- Do you often feel faint or pass out? Y___ N___
- Do you experience frequent anxiety? Y___ N___
- Do you ever feel shaky or jittery? Y___ N___
- Do your legs feel weak if you stand for long periods of time? Y___ N___
- Do you urinate frequently? Y___ N___

Vestibular

- Do you ever experience motion sickness? Y___ N___
- Do you ever feel like you are floating or spinning? Y___ N___
- Do objects ever appear to be moving or spinning? Y___ N___
- Do you ever feel like you are being pulled in one direction or pulled downward? Y___ N___

Emotional

- Do you find yourself crying more easily than usual? Y___ N___
- Do you find yourself getting overwhelmed more than usual? Y___ N___
- Do you feel that you are more irritable than usual? Y___ N___
- Are you angrier than usual? Y___ N___
- Are you having more frequent emotional outbursts? Y___ N___
- Are you experiencing any symptoms of depression, such as mood swings or sadness? Y___ N___

