Bloomfield Hills High School Concussion Referral Form

Signs/Symptoms Reported or Observed:

- ○ Loss of consciousness
- ○ Amnesia lasting longer than 15 min.
- ○ Deterioration of neurologic function
- ○ Decreasing level of consciousness
- ○ Decrease or irregular respirations
- ○ Sensitivity to light
- ○ Sensitivity to noise
- ○ Ringing in the ears
- ○ Changes in vision
- ○ Difficulty with eye tracking
- ○ Nystagmus
- ○ Decrease or irregular heart rate/pulse
- ○ Cranial Nerve deficits:______________________________
- ○ Unequal, dilated or unreactive pupils
- ○ Any signs or symptoms related to spine or skull injury
- ○ Lethargy
- ○ Confusion
- ○ Agitation or other behavior/ mood changes
- ○ Seizure activity
- ○ Vomiting
- ○ Balance deficits or dizziness
- ○ Motor deficits subsequent to initial on-field assessment
- ○ Sensory deficits subsequent to initial on-field assessment
- ○ Additional post-concussion symptoms:__________________
- ○ Increase in/of number of post-concussion symptoms
- ○ Symptoms related to concussion interfering with ADL's

I believe that ______________________________ [Athlete] sustained a concussion on _____________ [date] in __________________[sport]. _______________ [Athlete] has been referred to follow up with a physician (MD/DO). It is recommended by Bloomfield Hills Schools, but not required, that the consulting physician specializes in sports medicine or have sufficient knowledge of sport related concussion.

ATC Note: ____

Parents/Guardians Notified **Y / N** Plan for Transportation Home:____________________

ATC Signature:____ Date:____________

[Section for Physician]

Diagnosis: ____

____

Return to Activity Plan: ____

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Specific Athletic/Academic Accommodations or Recommendations: ________________________

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Follow up date if needed: ____

Physician Signature:____ Date: ____________

Please Avoid the Following:

- □ Consumption of Alcohol
- □ Analgesic or NSAIDS until seen by physician
- □ Spicy foods
- □ Waking up athlete every hour while resting
- □ Computer, tablet, phone or television screens
- □ Excess noise
- □ Excess light

Questions, comments or concerns, please contact Bloomfield Hills High School Athletic Trainer John Ciecko III, MS, AT, ATC, CSCS, NASM-PES
jciecko@bloomfield.org or 248-341-5761

→→This form must be returned to the Bloomfield Hills High School Athletic Training Room in order for student athlete to return to play←←