

Documentation Guidelines for Traumatic Brain Injury (TBI)

Head injury or traumatic brain injury is considered a medical or clinical diagnosis. Individuals qualified to render a diagnosis for these disorder are practitioners who have been trained in the assessment of head injury or traumatic brain injury. Recommended practitioners include: physicians; neurologist; licensed, clinical, rehabilitation and school psychologists; neropsychologist and psychiatrists. The diagnostician must be an impartial individual who is not a family member of the student.

All documentation should be typed on letterhead and contain the following information (see attached form):

- Name of student
- Date of injury(ies)
- History of concussions, including -
 - Number of concussions with loss of consciousness and date(s) of occurrence
 - Number of concussions without loss of consciousness and date(s) of occurrence
 - Information regarding hospitalization with any of these injuries
 - Information regarding surgery needed for any of these injuries
- Detailed information about post-concussive status, including signs and symptoms. Results and discussion of testing should be included, with the names of standardized measures used including standard score and percentiles.
- Educational and psychological history, if relevant. Information should include what services or medications the student received prior to or since the injury, including – special education, counseling, etc.
- List any current medications and the name of the prescribing M.D.
- Include a discussion of the particular problems that may impair this student’s functioning in the post-secondary academic environment.

Traumatic Brain Injury (TBI) Documentation

Name of student: _____

Date of injury: _____

In order to help this student adapt to college life after his/her injury, please supply (in as much detail as possible) answers to the questions that follow. Please attach reports to the back of this form.

Please complete all items about which you have a history or have assessed in the course of clinical evaluation. If you wish to, please attach any relevant reports to the back of this form.

I. History of concussions

____ Number of concussions with loss of consciousness - Date(s): _____

____ Number of concussions without loss of consciousness - Date(s): _____

Hospitalization with any of these injuries? ____ Yes ____ No

Surgery needed for any of these injuries? ____ Yes ____ No

If the answer to the either question above is “yes,” please provide details here:

II. Post-concussive status

Signs and Symptoms	Check if present now	Signs and Symptoms	Check if present now
Fatigue		Amnesia	
Attention problems		Confused periods	
Balance problems		Seizures	
Dizziness		Personality change	
Noise sensitivity		Irritability	
Light sensitivity		Behavioral problems	
Headaches		Anxiety	
Sleep problems		Depression	
Memory problems		Suicidal tendencies	

Please check if the following were done and provide the reports.

____ Skull X-ray ____ EEG ____ CT/MRI ____ SPECT

III. Check if there is any prior history of:

- | | |
|--|---|
| <input type="checkbox"/> Special education | <input type="checkbox"/> Meningitis/Encephalitis |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Substance/Alcohol abuse |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Psychiatric/Psychological counseling |

IV. Please provide reports from any neuropsychological/educational testing related to TBI or any items in section III above. Attach at the back of this form.

V. List any current medications and the name of the prescribing M.D.

VI. Please comment on the particular problems that may impair this student's functioning in the post-secondary school environment (e.g. the student/patient has difficulty functioning in the morning) and elaborate on present symptoms checked in section II.

Name of doctor completing this form (please print): _____

Signature of doctor completing this form: _____

Date: _____