Intake

Informant/Relationship

Chief Complaint

Vitals
Weight
Height
BMI
Blood Pressure
Pulse
Temperature
O₂ Saturation

Current Medications

History of Present Illness
Date and time of injury?
Mechanism of injury?
Location and nature of pain?
Swelling, bruising, redness, or deformity?
Protocol Layout: Head Injury/Concussion - TLC

Loss of Consciousness?
notes

Nausea or Vomiting?
notes

Lethargy?
notes

Any treatment (ice, medication, etc.)?
notes

ER or other medical attention?
notes

Other Injuries?
notes

Other Notes
notes

History

Select All

- Medication Record (reviewed and updated)
notes

- OTC meds/herbal meds/CAM used (notes below)
notes

- add item
notes
**Transition of Care (ARRA)**

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

**Review of Systems**

<table>
<thead>
<tr>
<th>Pos</th>
<th>Neg</th>
<th>N/A</th>
<th>Symptom</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Headache</td>
<td>notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dizziness</td>
<td>notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Visual changes</td>
<td>notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Memory loss</td>
<td>notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Retrograde amnesia (any events just BEFORE the injury that there is no memory of (even brief))</td>
<td>notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Anterograde amnesia (any event just AFTER the injury that there is no memory of (even brief))</td>
<td>notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mental status changes</td>
<td>notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Seizures</td>
<td>notes</td>
</tr>
</tbody>
</table>
Past Medical/Social/family History

Select All

- **Hx of Injury**
  - notes

- **add item**
  - notes

Medical History (Medical Summary)  No Saved Notes

Family History (Medical Summary)  No Saved Notes

Social History (Medical Summary)  No Saved Notes

Concussion - Risk Factors for Protracted Recovery

Make All:  Yes  No  N/A

Yes No N/A
Protocol Layout: Head Injury/Concussion - TLC

- Concussion history (note number)
  - notes

- Longest symptom duration (days, weeks, months, years?)
  - notes

- If multiple concussions, less force caused reinjury?
  - notes

- Headache history?
  - notes

- Prior treatment for headache?
  - notes

- History of migraine headache - personal?
  - notes

- History of migraine headache - family?
  - notes

- History of learning disabilities?
  - notes

- History of ADD/ADHD?
  - notes

- History of other developmental disorder?
  - notes

- History of anxiety?
  - notes

Yes No N/A

- History of ADD/ADHD?
  - notes

- History of other developmental disorder?
  - notes

- History of anxiety?
  - notes
### Protocol Layout: Head Injury/Concussion - TLC

- **History of depression?**
  - notes

- **History of sleep disorder?**
  - notes

- **History of other psychiatric disorder?**
  - notes

- **Other comorbid medical disorders or medication usage? (e.g. hypothyroid, seizures)**
  - notes

- **add item**
  - notes

### Concussion Symptom Checklist

<table>
<thead>
<tr>
<th>Make All:</th>
<th>No</th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
</table>

- **Headache**
  - notes

- **Nausea**
  - notes

- **Vomiting**
  - notes

- **Balance Problems**
  - notes

- **Dizziness**
  - notes
Visual Problems
notes

Fatigue
notes

Sensitivity to light
notes

Sensitivity to noise
notes

Numbness/Tingling
notes

Feeling mentally foggy
notes

Feeling slowed down
notes

Difficulty concentrating
notes

Difficulty remembering
notes

Irritability
notes

Sadness
notes
Protocol Layout: Head Injury/Concussion - TLC

No  Yes  N/A
○  ○  ○  More emotional
    notes

○  ○  ○  Nervousness
    notes

○  ○  ○  Drowsiness
    notes

○  ○  ○  Sleeping less than usual
    notes

○  ○  ○  Sleeping more than usual
    notes

○  ○  ○  Trouble falling asleep
    notes

○  ○  ○  Do these symptoms worsen with physical activity?
    notes

○  ○  ○  Do these symptoms worsen with cognitive activity?
    notes

No  Yes  N/A
○  ○  ○  add item
    notes

Physical Exam

Make All:  A  N  N/E

A  N  N/E
<table>
<thead>
<tr>
<th>General Appearance</th>
<th>notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>notes</td>
</tr>
<tr>
<td>Eyes</td>
<td>notes</td>
</tr>
<tr>
<td>Ears</td>
<td>notes</td>
</tr>
<tr>
<td>Nose</td>
<td>notes</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>notes</td>
</tr>
<tr>
<td>Neck</td>
<td>notes</td>
</tr>
<tr>
<td>Chest</td>
<td>notes</td>
</tr>
</tbody>
</table>

ANNE

<table>
<thead>
<tr>
<th>Cardiovascular</th>
<th>notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td>notes</td>
</tr>
<tr>
<td>Neurologic</td>
<td>notes</td>
</tr>
</tbody>
</table>

<p>| Appears dazed or stunned |</p>
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is confused</td>
<td></td>
</tr>
<tr>
<td>Answers questions slowly</td>
<td></td>
</tr>
<tr>
<td>Repeats questions</td>
<td></td>
</tr>
<tr>
<td>Forgetful (recent info)</td>
<td></td>
</tr>
</tbody>
</table>

**ANNE**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnoses**

- **Headache (784.0)**
  - Notes
  - Add to Problem List
  - Onset: mm/dd/yy
  - Problem Note: problem note

- **Concussion (850.9)**
  - Notes
  - Add to Problem List
  - Onset: mm/dd/yy
  - Problem Note: problem note

- Add diagnosis
  - Notes
### Diagnosis Notes

### Plan

**Select All**
- Pain Management (include medication recommended)
  - notes
- Medication as e-prescribed
  - notes
- Note to return to school
  - notes
- add item
  - notes

### Parent/Patient Understanding

**Make All:** Gd Fr Pr

- Gd Fr Pr Parent understanding
  - notes
- Gd Fr Pr Patient understanding
  - notes
Immunizations

Immunization History

There are no immunizations recorded for this patient

Immunization Orders

Order  Refuse  select an immunization

Immunization Notes

Make All:  Yes  No  NA

Yes  No  NA

Immunization informed consent

notes

Medical Procedure

Lab

Radiology

Order  Head CT

Referral

Order  Emergency Room

Order  Sports Medicine
Protocol Layout: Head Injury/Concussion - TLC

**Followup**

- **Order** As needed
- **Order** Return to office (list reason and time frame)
- **Order** by Phone (list reason and time frame)
- **Order** by Phone (nurse call to check on)

**Additional Notes**