ONTARIO BASKETBALL

Holland Bloorview Kids Rehabilitation Hospital | Concussion Centre

SUSPECTED CONCUSSION REPORT FORM

PLAYER NAME:	PLAYER DOB:	DATE & TIME OF INJURY:
CLUB NAME:	LEVEL OF PLAY:	LOCATION (FACILITY):
DESCRIPTION OF INJURY/INCIDENT:		

REPORTED & OBSERVABLE SYMPTOMS (check all that apply):

☐ Headache	☐ Feeling mentally foggy	☐ Sensitive to light
☐ Nausea	☐ Feeling slowed down	☐ Sensitive to noise
☐ Dizziness	☐ Difficulty concentrating	☐ Irritability
☐ Vomiting	☐ Difficulty remembering	☐ Sadness
☐ Visual problems	☐ Drowsiness	☐ Nervous/anxious
☐ Balance problems	☐ Sleeping more/less than usual	☐ More emotional
☐ Numbness/Tingling	☐ Trouble falling asleep	☐ Fatigue

RED FLAG SYMPTOMS (check all that apply) – Call 911 immediately if sudden onset of these symptoms is observed:

☐ Severe or worsening headache	☐ Neck pain or tenderness	☐ Seizure or convulsion
☐ Double vision	☐ Loss of consciousness	☐ Repeated vomiting
☐ Weakness/tingling/burning in arms/legs	☐ Deteriorating conscious state	☐ Increasingly restless, agitated, or combative

Are there any other observable/reported symptoms? ☐ Yes ☐ No
If yes, what: ____

Is there evidence of injury to anywhere else on the body besides the head? ☐ Yes ☐ No
If yes, where: ____

Has this player had a concussion before? ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer
If yes, how many: ____

Does this player have pre-existing medical conditions? ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer
If yes, please list: ____

Does this player take any medication(s)? ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer
If yes, please list: ____

I [name of coach completing this form]: __________________________ recommended to the player's parent or guardian that the player sees a medical doctor/nurse practitioner immediately.

Signature: ____________________ **Date:** _____________________ **Role:** ______________________
Phone number: _____________________ **Email Address:** ______________________

PLEASE NOTE: This form is to be completed in the event of a suspected concussion during training, practice, or a competition. Once complete, give one copy of this report to the athlete or their parent/guardian and another copy to your club. This form must be taken to a medical appointment with a physician or nurse practitioner with the recommended Ontario Basketball Medical Assessment Form. This report form is aligned with Ontario Basketball's Removal-from-Sport Protocol.