

This form should be completed for **every case** of suspected and confirmed concussion and for any player developing symptoms or signs after the game that may suggest the development of a delayed concussion. The form is to be completed after two nights' sleep – including the night of the game.

Today's date:

Time form completed:

Physician's name:

Player's name:

/ /

To the player: From the kick-off time until now:

HOW MANY?			HOW MUCH?						WHEN?				HOW LONG?									STILL PRESENT?								
Identify any symptom you have experienced since the injury or following the Game which is not usually noted with Rugby.			Identify the maximum intensity of each symptom.						Identify when you started to feel each symptom identified.				Please identify how long each of these symptoms lasted.									Confirm the intensity of any unusual symptom that is still present from 1 to 6.								
		No	Yes	Mild		Moderate		Severe						< 1 min	< 15 min	< 30 min	< 1 hour	< 3 hrs	< 1 day	< 2 days	< 1 week	> 1 week	Mild		Moderate			Severe		
				1	2	3	4	5	6	A*	B**	C***	D****										0	1	2	3	4	5	6	
Headaches																														
'Pressure in head'																														
Neck pain																														
Nausea or vomiting																														
Dizziness																														
Blurred vision																														
Balance problems																														
Sensitivity to light																														
Sensitivity to noise																														
Feeling slowed down																														
Feeling like 'in a fog'																														
'Don't feel right'																														
Difficulty concentrating																														
Difficulty remembering																														
Fatigue or low energy																														
Confusion																														
Drowsiness																														
Trouble falling asleep/disturbed sleep																														
More emotional																														
Irritability																														
Sadness																														
Nervous or anxious																														

ANTEROGRADE AMNESIA (amnesia after the injury)?

RETROGRADE AMNESIA (amnesia before the injury)?

A* = During match, immediately
B** = During match, later

C*** = Post-match, same day
D**** = Post-match, days later

No Yes, duration:

No Yes, duration:

Please send pages 1 and 2 PLUS all HIA forms to your Competition Co-ordinator

Player's name: _____ **Competition:** _____ **Date of match:** / / **Kick-off time:** _____ **Team:** _____

Age: _____ **Height:** _____ **Weight:** _____ **Was a HIA 1 form completed for this event?** Yes No

Was a HIA 2 form completed for this event? Yes No, the player presented with symptoms 24-48 hours after the match

Has this player been previously diagnosed with a concussion? Yes No Don't know If yes, how many? _____

Year player began playing Rugby: _____ **Year player began playing professional Rugby:** _____

Player position: Front row (1, 2, 3) Second row (4, 5) Back row (6, 7, 8) Half-backs (9, 10) Centre (12, 13) Wing (11, 14) Full-back (15)

Injury mechanism: A selection **MUST** be made for **each of the four areas**, that is 'Game event', 'Collision', 'Contact' and 'Player technique':

Game event: <input type="checkbox"/> Tackling <input type="checkbox"/> Being tackled <input type="checkbox"/> Ruck or maul <input type="checkbox"/> Scrum <input type="checkbox"/> Unknown	Collision: <input type="checkbox"/> Opponent <input type="checkbox"/> Co-player <input type="checkbox"/> Ground <input type="checkbox"/> Unknown	Contact: <input type="checkbox"/> Head/head <input type="checkbox"/> Head/shoulder <input type="checkbox"/> Head/upper limb <input type="checkbox"/> Head/knee or hip <input type="checkbox"/> Head/foot <input type="checkbox"/> Head/ground <input type="checkbox"/> Unknown	Player technique: <input type="checkbox"/> Correct technique <input type="checkbox"/> Head incorrect position <input type="checkbox"/> Other incorrect technique
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Additional tool: Identify (below) the supportive tool used at this 36-48 hour follow up: None SCAT3 CogSport Headminder Impact Other **Was the result abnormal?** Yes No

Diagnostic summary: Concussion confirmed on game day with no residual signs or symptoms at time of completion of HIA 3
 Concussion confirmed with signs and/or symptom(s) still present(s) at time of completion of HIA 3
 Concussion excluded (no sign or symptom of concussion since the injury)

Definition - final diagnosis

1. If the player had a post-game, same day diagnosis of confirmed concussion, **the final diagnosis is confirmed concussion**
2. If the player has developed a concussion post-game, **the final diagnosis is confirmed concussion**
3. A 'concussion excluded' diagnosis applies to a player with:
 - a negative post-game, same day diagnosis (HIA 2), AND
 - a negative concussion assessment at 36-48 hours after the game (HIA 3)