

Traumatic Brain Injury Evaluation Form

Traumatic brain injury (TBI) typically occurs when the head is suddenly accelerated and/or decelerated during an accident of some type. This can result in a closed head injury (CHI) or a coup counter coup injury to more than one lobe of the brain. With this type of injury, there may or may not have unconsciousness, or even a direct contact blow to the head.

A severe whiplash situation, with sudden starts and stops can cause the same kinds of twisting and shearing forces on the brain's axons - the nerve fibers connecting one part of brain to another - as does a blow to the head due to the brain being suddenly thrown with great force against the rigid non-giving skull. It is theorized that these forces damage the connections between nerve cells and possibly the conducting fibers themselves, resulting in impairment of function (Diffuse Axonal Injury – DAI).

By looking at the signs and symptoms (listed below) we can determine if symptoms are present that would indicate a closed head injury (CHI) or coup counter coup injury and warrant a traumatic brain injury specific evaluation/assessment.

The patient today presented with the following signs and symptoms of CHI/PCS:

1.	Lightheadedness	Yes	No
2.	Dizziness	Yes	No
3.	Neck pain	Yes	No
4.	Headache	Yes	No
5.	Photophobia	Yes	No
6.	Tinnitus	Yes	No
7.	Impaired memory	Yes	No
8.	Easy distractibility	Yes	No
9.	Impaired logical thought	Yes	No
10.	Insomnia	Yes	No
11.	Easily fatigued	Yes	No
12.	Outbursts of anger (stated on previous reports)	Yes	No
13.	Mood swings (stated on previous reports)	Yes	No
14.	Depression.	Yes	No
15.	Increased Anxiety	Yes	No
16.	Increased Abnormal Stress	Yes	No
17.	Loss of Consciousness	Yes	No

In the past we thought brain damage was permanent. We now know that there is birth of new cells going on in adult brains. These new cells grow into the regions of damage and can help restore function. For this reason it is important to perform a timely evaluation to determine if an injury occurred, and if so, provide appropriate and warranted treatment in a timely manner to help improve overall patient outcome.

Date: _____

Client's Name: _____

Witness Name: _____

Client's Signature: _____

Witness Signature: _____