



Letter to Parents for BrainStamp™ Baseline Screening

Greetings DFAC Parents,

We would like to thank you for taking the time to have your athlete participate in BrainStamp™ Baseline Screening. The issue of concussions continues to be a hot topic in the sports world and implementing a baseline program for your athlete is an excellent step to ensuring that all of them are able to return to play safely should they be injured.

Your athlete will be undergoing a series of three assessments on their team-specific day: the ImPACT® neurocognitive test, the COBALT™ balance protocol, and a gaze stabilization assessment. These assessments evaluate the systems most commonly affected by concussion and give clinicians an idea of how the brain functions when healthy, in order to help determine when an athlete is back to normal following injury.

Below are some descriptions of the assessments that we will be using to provide your athlete with their BrainStamp™ Baseline Screening:

- ImPACT® Computerized Neurocognitive Testing is an objective measure of brain processing speed, memory, reaction time, and visual motor skills. It is accomplished through a 30-minute interactive, computerized test. It is the standard of care for the NFL, NHL, MLB, and most NCAA institutions.
- The Concussion Balance Test (COBALT™) is a Neurovestibular Protocol that is unique to our center performed on a forceplate. Balance and postural control on two different surfaces is measured through a series of physical challenges on the force plate, determining a person's sway and loss of balance.
- Vision will be evaluated through a gaze stabilization assessment. This data will help us to better understand and treat visual and vestibular problems following brain injury.

This information we gather is for baseline screening use only. **This screening is not intended to be a diagnostic tool.** The purpose of this screening is to have information that pertains to how your athlete functions in a normal state and to compare this objective data to your athlete, if they were to sustain a concussion. In the event that your athlete suffers a concussion, the baseline screening would be utilized as part of the concussion management and follow-up care with a qualified healthcare provider. This information will not be utilized as an on field screening assessment to determine if they can go back into the game. It is intended to be utilized in an office setting as part of a concussion management program. It would also not be utilized in an emergency room or urgent care setting. Any fees incurred by parents or participating sports organization are set up to cover the cost of the assessments and staff required to proctor the assessment.

The benefit of performing the baseline assessment with us here at the Banner Sports Medicine & Concussion is that we are a center that specializes in the comprehensive treatment and evaluation of concussions. Furthermore, our medical director, Dr. Steven Erickson, is one of few certified ImPACT® consultants in the state of Arizona. Again, we thank you for taking the time to have your athlete participate in our BrainStamp™ Baseline Screening Program!

Consent for Medical Screening for Child and Medical Information

Name of Child: _____ Date of Birth: _____

I give consent to the Banner Concussion Center to administer baseline concussion screening and have read the accompanying "Letter to Parents" explaining the assessments being completed.

Parent Signature: _____ Parent Printed Name: _____

Relationship: Mother () Father () Legal Guardian ()

Contact # (required): _____

Email (required): _____

Office Use Only -

Parent/guardian had the opportunity to ask questions and have no further questions at this time. Yes

Staff Proctor: _____ Staff Signature: _____



Demographic Questionnaire for ImPACT Test

Date of Birth MM/DD/YYYY _____

First Name _____

Last Name _____

Height (ex 5 ft 0 in) _____

Weight (# only in lbs) _____

Gender (male/female) _____

Handedness (right, left, ambidextrous) _____

Street Address (cuts off after 18 characters) _____

City _____

State _____

Zip Code _____

Country: United States

Parent's e-mail address _____

Native Country (defaults U.S.) _____

Native Language (defaults English) _____

Second language (if *fluent*) _____

Ethnicity (optional) Circle One

American Indian/ Alaska Native Asian Black/African American

Hispanic/Latino Native Hawaiian/Other Pacific Islander White

Years of education *completed* (ex. High school senior=11) _____

Star any of the following that apply:

- Received speech therapy
- Attended Special Education classes
- Repeated one or more years of school
- Diagnosed learning disability
- Diagnosed attention deficit disorder or hyperactivity

While in school, what type of student were/are you? Star one

Below average

Average

Above average

Current sport: _____

Current position (ex. Quarterback or unknown) _____

Current level of participation Junior high/Middle School High school

Years of experience at current level (0-4) _____

Number of times diagnosed with a concussion _____

If one or more please answer the following:

Total number of concussions that resulted in:

___ Loss of consciousness

___ Confusion

___ Difficulty with memory immediately following injury

___ Difficulty with memory immediately before injury

___ Total games missed due to all concussions combined

Please list the 5 *most recent* concussions (MM/YYYY)

Indicate whether you have experienced following:

Treatment for headaches by physician

Treatment for migraine headache by physician

Treatment for epilepsy/seizures

Treatment for brain surgery

Treatment for meningitis

Treatment for substance/alcohol

Treatment for psychiatric condition (depression/anxiety)

Have you ever been diagnosed with any of the following conditions?

ADD/ADHD Y N

Dyslexia Y N

Autism Y N

Have you participated in any *strenuous* exercise and/or exertion in the last 3 hours? Y N

Date of last concussion (MM/DD/YYYY) _____

Approximate hours of sleep last night _____

Current medications (please list) _____
