Banner
University Medicine
Sports Medicine & Concussion

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Letter to Parents for ImPACT© Baseline Screening

Greetings DFAC Parents,

We would like to thank you for taking the time to have your athlete participate in baseline screening. The issue of concussions continues to be a hot topic in the sports world and implementing a baseline screening 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 completing the ImPACT© Computerized Neurocognitive Testing. ImPACT© 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. This assessment evaluates 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. This test is the standard of care for the NFL, NHL, MLB, and most NCAA institutions. It is also supported by an ever growing number of physicians that are located throughout the country that specialize in interpreting the outcomes of the test which allows for them to utilize the information to make better return to play decisions.

The assessment is administered by trained personnel in a quiet, standardized testing environment to ensure best performance by the athlete. This environment allows for the test results to provide accurate information regarding the athlete's cognitive function performance for attention span, working memory, non-verbal problem solving and reaction time. Each athlete's results are held electronically in a secure, password protected database provided by ImPACT® and we can access these results at any time.

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 program with a qualified health professional. 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 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® in our ImPACT© 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) _____
_____