It is important to remember that the diagnosis of traumatic brain injury is not made based on CT, MRI, or even exam findings. It is based upon the symptoms that patients report following some type of forceful injury.

Our neurologists created a symptom checklist that we hope will be of benefit for your firm and your clients. This can be given to the patient on your intake, and if the results indicate a possible brain injury, you can have the client bring this to their treating chiropractor or other physician to include in their records so that the symptoms are documented properly.

If **three or more** of the symptoms on the attached sheet are present since the client’s injury, this is what our providers utilize to make the initial diagnosis of traumatic brain injury. We can then order functional diagnostic testing to confirm his diagnosis like VNG, oculomotor tracking, balance testing, and EEG; as well as advanced brain imaging like DTI/SWI.

If you have any questions about how to best utilize this symptom checklist, or would like to have a client evaluated at any of our 24 Florida locations, please email me at drwalker@flspineandinjury.com or call Matt Carlin, Director of Patient Experience at (512) 804-8526.

Regards,

Dr. Jonathan Walker

CEO, Ethos Health Group/Florida Spine and Injury

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the date of your injury? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make a check in the boxes below to indicate if you are experiencing any of the following symptoms in the list:

|  |  |  |
| --- | --- | --- |
| SYMPTOMS | SINCE INJURY  | PRIOR TO INJURY  |
| Headache |  |  |
| Pressure in head |  |  |
| Neck pain  |  |  |
| Nausea  |  |  |
| Vomiting  |  |  |
| Dizziness  |  |  |
| Blurred vision  |  |  |
| Balance problems  |  |  |
| Light sensitivity  |  |  |
| Sound sensitivity  |  |  |
| 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  |  |  |
| More emotional  |  |  |
| Irritable  |  |  |
| Sad  |  |  |
| Nervous or anxious  |  |  |
| Don’t feel normal  |  |  |
| Other (write in)  |  |  |
| Other (write in)  |  |  |
| Other (write in) |  |  |
| Other (write in) |  |  |

1. If this is a premises liability case, did the client’s head strike anything (floor, wall, etc)? \_\_Yes\_\_No

2. If the date of injury is greater than 6 months old, are any of the symptoms from the list above contained with any consistency in the medical records or chiropractic chart notes to date?

\_\_Yes\_\_No