If **three or more** of the symptoms on the attached sheet are present since the client’s injury there is a high probability of TBI and is worthy of further evaluation by an Ethos Medical provider. If necessary we can then order functional diagnostic testing to confirm a TBI diagnosis like VNG, oculomotor tracking, balance testing, or 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 locations in Florida, Missouri, California, or Michigan, please email me at drwalker@ethostbi.com or call Matt Carlin, Director of Patient Experience at (512) 804-8526.

Regards,

Dr. Jonathan Walker

CEO, Ethos Health Group

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