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