



MP Sports Physician concussion assessment form

Background information

• Player name: _____

• Club name: _____

• Date of incident: _____

• Approximate time during game (i.e. quarter, time during quarter)

• Mechanism of incident/what happened

• Hospital/Emergency Department admission

Were there any features that prompted you/training staff to call an ambulance/present to the nearest Emergency Department (i.e. severe neck pain, ongoing vomiting, decreased conscious state, increasing confusion)?

Yes No

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• Signs and symptoms: Did the player have any of the following signs and symptoms?

1. Loss of consciousness	Yes	No
2. No protective action/behaviour when fall to ground (floppy, 'rag doll')	Yes	No
3. Impact seizures	Yes	No
4. Confused or disorientated	Yes	No
5. Memory impairment/ failed Maddocks questions	Yes	No
6. Balance or walking disturbance	Yes	No
7. Behaviour change atypical of the player	Yes	No
8. Player self reporting symptoms ('foggy', 'don't feel quite right')	Yes	No
9. Player self reporting or directly observed new or progressive concussive symptoms	Yes	No

• Trainer's/official's additional comments regarding the signs and symptoms

Maddock's questions (sideline assessment)

1. What venue are you at today?
2. What quarter is it now?
3. Who scored last in the match?
4. What team did you play last week/game?
5. Did your team win last week/game?

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