



**SSHA**  
STANLEY-STICK-HOCKEY-ASSOCIATION



**Wellington**  
physiotherapy

23 Wellington St. E., Unit 5, Guelph, ON, N1H 3R7

# Concussion Report Form

If a concussion is suspected, please complete this form and contact your SSHA convenor to provide them with the completed copy. Parent/guardian may take a photo image of this form for his/her record. It is advised that the player seeks medical attention.

**Player Name:** \_\_\_\_\_ **Date and Time of Injury:** \_\_\_\_\_

**Division and Team Number:** \_\_\_\_\_

**Injury Description:**  Unknown

Collision with boards  Collision with open ice  Collision with player  Collision with net  Checked from behind  Hit by puck  Hit by stick  Fall on ice  Other: \_\_\_\_\_

**Red Flags Symptoms:** CALL 9-1-1 IMMEDIATELY with sudden onset of these symptoms:

Headaches that worsen  Can't recognize people or places  Seizures or convulsions  Increasing confusion or irritability  Repeated vomiting  Weakness or numbness in arms/legs  Loss of consciousness  Persistent or increasing neck pain  Looks very drowsy/can't be awakened  Unusual behavioural change  Slurred speech  Focal neurologic signs (e.g. paralysis, weakness, etc.)

**Observable/Reported Symptoms:**

Headache  Feeling mentally foggy  Sensitive to light  Nausea  Feeling slowed down  Sensitive to noise  Dizziness  Difficulty concentrating  Irritability  Vomiting  Difficulty remembering  Visual problems  Drowsiness  Balance problems  Numbness/Tingling  Fatigue

**Previous concussions:**  Yes  No  Unknown

**Other injuries:** \_\_\_\_\_

Form completed by: \_\_\_\_\_

Form completion date: \_\_\_\_\_

This form has been developed in partnership with Wellington Physiotherapy Associates (Wellington St. location). **For further medical assessment and concussion treatment please contact Wellington Physiotherapy Associates (519) 824-8185.**