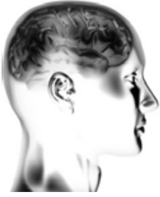

Name Today's Date

This event happened on ___-___-___, as a ☐Civilian, ☐ Soldier, ☐Law Enforcement, ☐Other ____________,

when I was ___ years old in _____ (year). I sustained a **mild - moderate - severe** head injury from the following:

	Car Accident		Explosions		Gun Fire		Slip n Fall		Stroke		Assault
	Surgery		IED		Motorcycle		Cannon Noise		Jet engines		Shot Gun
	Bicycle		Fell from object		Contact Sport		Martial Arts				

1. With this injury I ☐Did NOT ☐DID have loss of consciousness lasting ____ sec/min/hrs/days/wks.
2. With this injury I ☐Was NOT ☐Was in a Coma for ____hrs/days/Wks/months.
3. With this injury I ☐Did NOT ☐DID have loss of memory immediately before or after the incident.
4. With this injury I ☐Did NOT ☐DID have altered mental state at the time of the incident.
5. With this injury I ☐Did NOT ☐DID have post-traumatic amnesia lasting **LESS**(<) than 24 hours.
6. With this injury I ☐Did NOT ☐DID have post-traumatic amnesia lasting **MORE**(>) than 24 hours.
7. I was taken to: ☐Home ☐Medical Clinic ☐ER ☐Hospitalized for ____hrs/days/weeks. Glasgow Scale ____
8. Radiologic Procedures: ☐CT-Scan ☐MRI ☐fMRI ☐SPECT ☐PET Scan ☐DTI-MRI
9. **These are my present symptoms**: (any adverse changes) :

☐ Angry	☐ Anger bouts	☐ Irritable	☐ Short temper	☐ Intolerant	☐ Aggressive
☐ Impatient	☐ Tense	☐ Excitable	☐ Hostile	☐ Defensive	☐ Demanding
☐ Mood swings	☐ Depression	☐ Sad	☐ Grumpy	☐ Mean/hateful	☐ Withdrawn
☐ Memory loss	☐ Anxiety	☐ Nausea	☐ Insomnia	☐ Lonely	☐ Worrying
☐ Sleepy	☐ Bored	☐ Apathetic	☐ Unloved	☐ Muscle pain	☐ Body pain
☐ Disoriented	☐ Dizziness	☐ I'm spinning	☐ world spinning	☐ Headaches	☐ Stomach pain
☐ Paranoid	☐ Alcohol use	☐ Drug use	☐ Narcotics	☐ Marijuana	☐ Low libido

Comments:

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Complete one of these EVENT FORMS for each Major Head Injury that you've had. Page ___ of __/ I:____