BRAIN INJURY CASE HISTORY FORM

Name: _______________________________________________

Date: _______________   Date of Birth: _______________   Age: ________________

Person(s) Interviewed: ____________________________   Relationship: ____________________

MEDICAL INFORMATION

Chief complaint: __________________________________________________________________
______________________________________________________________________________

Circumstances leading to injury (including date, type of injury): ______________________
______________________________________________________________________________
______________________________________________________________________________

Initial Glasgow Coma Scale: _________________________________________________________

Length of coma: ____________________________

Length of posttraumatic amnesia: ____________________________________________________

CT/MRI findings:
______________________________________________________________________________

Other diagnostic findings:
______________________________________________________________________________

Surgical procedures:
______________________________________________________________________________
Medical complications:________________________________________________________

Motor deficits:

Sensory deficits:

Smell:________________________________________________________

Taste:________________________________________________________

Hearing:________________________________________________________

Vision:________________________________________________________

Temperature:________________________________________________________

Tactile/Touch:________________________________________________________

Proprioception:________________________________________________________

Cognitive, communicative, and behavioral changes:

Current Medications:

<table>
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<tr>
<th>Medication Name</th>
<th>Dosage/Frequency</th>
<th>Reason for taking</th>
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Do you have seizure activity? □ No □ Yes, comments:__________________________________________

Do you have bowel or bladder concerns? □ No □ Yes, comments ______________________________

Dietary/nutritional concerns: ______________________________________________________________

Appetite and weight changes: ______________________________________________________________

Sleep habits: __________________________________________________________________________

Current medical status: __________________________________________________________________

Pre-injury medical status: __________________________________________________________________

Medical treatment/rehabilitation to this point:

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<tr>
<th>Facility Name/Location</th>
<th>Dates</th>
<th>Purpose</th>
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DEVELOPMENTAL / EDUCATIONAL HISTORY:

Developmental milestones: ________________________________________________________________

Highest grade level completed: ___________________ School: ________________________________

Additional training: ________________________________

Pre-injury learning or behavior problems/special assistance provided: _________________________
Best subjects: ________________________________________________________________

Worst subjects: ______________________________________________________________

Learning style / study habits: ________________________________________________

PSYCHOLOGICAL HISTORY

Marital status: ___Single, ___Married, ___Divorced, ___Separated, ___Widowed

Pre-injury living situation: ____________________________________________________

Current living situation: _____________________________________________________

Family of origin:

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<tr>
<th>Name</th>
<th>Occupation</th>
<th>Comments</th>
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<td>Father</td>
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<td>Mother</td>
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<td>Siblings:</td>
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Current family / support system (including friends):

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<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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Pre-injury history of friendships:

________________________________________________________________________

Pre-injury personality, coping mechanisms:

________________________________________________________________________
Pre-injury psychiatric diagnoses or treatment for mental health:

_________________________________________________________________________________________
_______________________________________________________________________________________

Substance use/abuse pattern (alcohol, illegal drugs, tobacco):

Pre-injury:

_______________________________________________________________________________________
_______________________________________________________________________________________

Post-injury:

_______________________________________________________________________________________
_______________________________________________________________________________________

Post-injury adjustments:

Individual:

_______________________________________________________________________________________
_______________________________________________________________________________________

Family:

_______________________________________________________________________________________
_______________________________________________________________________________________

WORK HISTORY

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<th>Job Title / Duties</th>
<th>Company / Location</th>
<th>Dates From:</th>
<th>To:</th>
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Possibility of return to previous job?  Y  N
If yes, name/phone number of supervisor: _______________________________________________

Resources for job placement: __________________________________________________________

LEISURE INTERESTS AND ACTIVITIES, COMMUNITY INVOLVEMENT

List hobbies, recreational activities, social/civic groups, religious activities, music and movie interests, volunteer work:

Pre-injury:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Post-injury:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

PREMORBID COMMUNICATION / PERSONAL STYLE

Primary language: ___________________________ Extrovert vs. Introvert style: ________________

Pattern of usage:

Written communication (writing letters or notes): ________________________________

Reading: _____________________________________________________________

Talking (phone, in person, groups): ________________________________________

Problem-solving or conflict resolution abilities:
________________________________________________________________________________
________________________________________________________________________________

FINANCIAL /LEGAL ISSUES:

Funding source(s) for rehab and medical needs: ________________________________________
Current sources of income / assistance:

Legal history (arrests / warrants):

Guardianship: Self Other: (Explain)

Type of guardianship: Person Estate (Conservatorship)

Lawsuit: Pending? Explain: Settled

Other legal concerns:

TRANSPORTATION:

Current mode of transportation:

Valid driver’s license: Y N Driving evaluation post-injury: Y N