



TEMPLATE

Post Concussion Watchlist

Monitor an injured person's return to activities using the list of post-concussion symptoms as a reference. Refer to a medical practitioner if you're concerned about the severity or frequency of symptoms observed or reported.

Details of person completing the form

| | | | |
|--------------|-----|-------------------------|--|
| First Name | | Surname | |
| Report Date: | / / | Department | |
| Position | | Contact Phone number | |

Injured person

| | | | |
|------------|--|---------|--|
| First Name | | Surname | |
| Gender: | | Age | |

Tick accordingly for symptoms over the past 2 days

| | | |
|---|---|---|
| <p>Physical</p> <p>Headache <input type="checkbox"/></p> <p>Nausea <input type="checkbox"/></p> <p>Vomiting <input type="checkbox"/></p> <p>Balance <input type="checkbox"/></p> <p>Dizziness <input type="checkbox"/></p> <p>Blurred vision <input type="checkbox"/></p> <p>Fatigue <input type="checkbox"/></p> <p>Sensitivity to light <input type="checkbox"/></p> <p>Sensitivity to noise <input type="checkbox"/></p> <p>Numbness/Tingling <input type="checkbox"/></p> <p>Pain other than headache <input type="checkbox"/></p> <p>Other: _____</p> <p>_____</p> <p>_____</p> | <p>Mental</p> <p>Trouble thinking <input type="checkbox"/></p> <p>Feeling slowed down <input type="checkbox"/></p> <p>Difficulty concentrating <input type="checkbox"/></p> <p>Difficulty remembering <input type="checkbox"/></p> <p>Sleep</p> <p>Drowsiness and tired <input type="checkbox"/></p> <p>Sleeping less than usual <input type="checkbox"/></p> <p>Sleeping more than usual <input type="checkbox"/></p> <p>Trouble falling asleep <input type="checkbox"/></p> | <p>Emotional</p> <p>Irritability <input type="checkbox"/></p> <p>Sadness and crying <input type="checkbox"/></p> <p>Nervousness or worried <input type="checkbox"/></p> <p>Not feeling right <input type="checkbox"/></p> <p>Feeling more emotional <input type="checkbox"/></p> |
|---|---|---|

continue to next page

Observation overall

Exertion -

Do these symptoms worsen with:

Physical Activity Yes No

Thinking/Cognitive Activity Yes No

Is the injured person acting differently than their usual self? Same as usual Very differently to usual

If very different, how? _____

If you would like further information,
please contact the risksupport
Helpdesk on:

1300 660 827
helpdesk@risksupport.org.au

Catholic Church Insurance Limited
ABN 76 000 005 210, AFSL no. 235415
GPO Box 180 Melbourne 3001

Important Notice: This publication is intended to provide a summary and general information only to clients of Catholic Church Insurance Limited. It does not constitute, and should not be relied on as advice or considered as a comprehensive coverage of the topics discussed. You should seek professional advice tailored to your own circumstances.

risksupport