



Sports Injury Center, LLC

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INJURY INFORMATION SHEET

INJURED PARTY: _____ COMPLETED BY: _____

YES **NO**

- ___ ___ Reduced attention and concentration
- ___ ___ Memory Problems
- ___ ___ Decreased frustration tolerance
- ___ ___ Easily Angered
- ___ ___ Anxiety
- ___ ___ Overreaction to events
- ___ ___ Depression
- ___ ___ Decreased emotional responsiveness
- ___ ___ Difficulty following directions
- ___ ___ Misunderstanding what is said by others
- ___ ___ Difficulty expressing thoughts verbally
- ___ ___ Impulsive or inappropriate social behavior
- ___ ___ Reduced judgment
- ___ ___ Decreased insight into self and others
- ___ ___ Difficulty establishing & maintaining relationships
- ___ ___ Difficulty following through with responsibilities at work/home
- ___ ___ Headaches
- ___ ___ Nausea
- ___ ___ Dizziness/Balance problems
- ___ ___ Muscle weakness
- ___ ___ Numbness and tingling
- ___ ___ Fatigue or difficulty sleeping
- ___ ___ Blurred vision
- ___ ___ Ringing in ears
- ___ ___ Difficulty on the job or at school