

Monmouth Medical Center
Matthew J. Morahan III, Memorial Health Assessment Center for Athletes
Patient Information

To our Patient:

You have been diagnosed with a *concussion*. We are providing you with the following information to assist you in making decisions which may seriously affect your short and long term health:

1. **Diagnosis and Future Risk**

- a. Based on your symptoms, a return to play without physician intervention could result in second injury, second impact syndrome or chronic recovery issues. In order to track your recovery appropriately, physician follow-up is recommended.

2. **Intervention: testing/evaluation**

- a. You need to be evaluated by a neurologist or other physician within 24-72 hours in order to track your recovery.
- b. In order to assist in post-injury management and in determining appropriate return to play time lines, you will undergo ImpACT testing ('Immediate Post-Concussion Assessment and Cognitive Testing'). ImpACT testing is a non-invasive test that tracks information such as memory, reaction time, speed, and concentration.
- c. These tests cannot be done in the Emergency Department.
- d. Patients who are not felt to be stable enough for discharge by the evaluating physician may be admitted to undergo further testing.
- e. If you prefer to arrange your own further testing by a neurologist or other physician, please notify their office that there cannot be *any* delay in scheduling the tests as time is of the essence.

3. **If you chose our MJM Center for your care:**

- a. An appointment has been made for you at ___ AM/PM in the MJM Center on _____, 20____.
- b. Be sure to bring with you:
 - Current list of all of your medications, including vitamins, supplements and over the counter drugs
 - Results from any recent blood work, CT or MRI studies
 - Other medical records you have at home

If you have any questions about this information, please call Alex Puma, MJM program coordinator at 732-923-6482, M-F 8:30am – 5pm.

- *If you have any further symptoms or concerns before or after business hours, call 911 or return to the Emergency Department.*

I have read and understand this information: _____
Patient Signature Date Time

Monmouth Medical Center's Mathew J. Morahan III Memorial Health Assessment Center for Athletes
Referral Form

Referring physician to complete this form and then fax to center 732 923 7449

Patient name: _____

Patient DOB: _____

Best contact phone # for patient: _____

Referring diagnosis & details: _____

Loss of Consciousness: _____

Residual Sx: _____

Concussion History: _____

Date of event: _____

Time of event: _____

Referral date: _____

Referring physician: _____

Symptoms: _____

Vital Signs: _____

BP _____

HR _____

R/R _____

Temp _____

Pulse O₂ % _____

Tests done in ED & results:

Brain Scan:

CT scan of Brain

Brain MRI

Date: _____ Results: _____

Did the patient receive meds? _____

Referring Physician _____

Date & Time _____

