

# BRAIN INJURY/CONCUSSION ASSESSMENT FORM

***This form must be completed as soon as practicable after the incident. The Rider must go directly to an Emergency Department for assessment.***



**Note to Doctor** - (General Practitioners are excluded from acute concussion assessment under the NZTR Concussion policy)

The Rider presenting this form suffered a fall while competing in a horse race. The Rider has either not been assessed for concussion or presented with symptoms of concussion to the paramedic on course. The Rider is not allowed to ride in any further races until a recognised concussion assessment is completed by an Emergency Department doctor or nurse practitioner (Not a General Practitioner). A copy of the test results should accompany this form.

As a group, the frequency of concussions suffered by Riders is much higher than the average. There is a very high risk of repeated concussions which could result in long-term brain damage.

A copy of this assessment will be kept on the Riders file.

**RIDER'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date of injury:** \_\_\_\_\_

**RIDER CONSENT:** Specific rider consent is not required for you to complete this section prior to forwarding this to NZTR. As part of their annual re-licensing process, riders are required to sign a consent that allows their health information to be shared with NZTR. They are not allowed to compete without giving this consent. This includes providing NZTR with copies of medicals from their GP, and any other information that provides details of injuries or illnesses during the course of their career.

## DOCTOR TO COMPLETE THIS SECTION

Symptoms - Since the fall, has the patient had, or does the patient show, any of the following symptoms?		Yes	No
• unusual headaches, including with exertion?			
• recurrent nausea			
• unusual fatigue			
• disturbed sleep pattern			
• problems with cognition (such as calculating figures)			
• problems with memory (recall)			
• increasing irritability, anxiety or depression which have persisted since the injury?			
• change in personality (what would their partner or boss say?)			

**ASSESSMENT – A RECOGNISED CONCUSSION TEST MUST BE CARRIED OUT. THE RESULTS OF THE TEST MUST ACCOMPANY THIS REPORT.**

Name of Test conducted	Eg SCAT 5, SCAT 6		
Symptoms	Have symptoms resolved completely? (If you answered "NO" to all above questions)		
Balance	Is balance within normal limits? (Test with rider standing on non-dominant leg with eyes closed for 10 seconds- rider should be able to manage this without needing support of any sort).		
Mood	Is there evidence of increased irritability, anxiety or depression?		
Cognition	Can rider calculate OK? (Test by using 100-7, take off 7 again etc, to 65).		
Personality	Is there any evidence of a change in the Rider's personality		

Notes: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Stamp: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to discuss with the NZTR Medical Advisor **YES / NO**

Please send to [licensing@nztr.co.nz](mailto:licensing@nztr.co.nz)