TBI Assessment

Clinician's Information
Name: Dr. Sarah Thompson
Title: Neurologist
License Number: 45678XYZ
Contact Information: 555-0102, dr.thompson@neuroclinic.com
Patient Information
Name: John Doe
Age: 32
Date of Birth: 06/15/1991
Date of Test: 04/22/2024
Introduction
Brief description of test:
This assessment is designed to evaluate the extent and impact of a traumatic brain injury (TBI).
Purpose of test:
To determine the severity of the TBI and guide appropriate treatment and rehabilitation strategies.
Part 1: Initial Evaluation
Observation of Physical Symptoms:
☑ Headaches
Reported frequently, especially in the morning.
☑ Dizziness
Occasional episodes, particularly when standing up.
☑ Fatigue
Persistent throughout the day.
☑ Speech Problems
Mild slurring noted intermittently.
Cognitive Symptoms:
☑ Memory Loss
Difficulty recalling recent events.

✔ Difficulty Concentrating
Unable to focus on tasks for extended periods.
✔ Confusion
Occasional disorientation to time and place.
Part 2: Glasgow Coma Scale
✔ Eye Opening Response
4
✔ Verbal Response
4
✔ Motor Response
6
Total Score: 14
Part 3: Neurological Examination
Motor Skills and Coordination:
✔ Balance
Slight unsteadiness observed.
✔ Coordination
Difficulty with finger-to-nose test.
✔ Strength
Normal strength in all extremities.
Sensory Function:
✔ Vision
No visual field deficits noted.
✔ Hearing
Normal bilateral hearing.
✔ Touch Sensitivity
Intact in all tested areas.
Part 4: Imaging Tests
✔ CT Scan Ordered
Yes

✔ MRI Ordered
Yes
Results:
Mild diffuse axonal injury noted on MRI.
Part 5: Cognitive and Emotional Assessment
Cognitive Testing:
✔ Short-term Memory
Impaired, difficulty recalling 3-word list after 5 minutes.
✔ Problem-solving Skills
Struggles with complex tasks.
Emotional Assessment:
✔ Mood Swings
Reports feeling irritable and easily frustrated.
✔ Anxiety
Moderate levels of anxiety reported.
✔ Depression
Mild depressive symptoms present.
Conclusion
Performance Summary:
The patient demonstrates signs consistent with a moderate TBI, including cognitive impairments and emotional changes.
Behavioral Observations:
Patient appears fatigued and occasionally frustrated during the assessment.
Clinician's Observations and Comments:
Recommend cognitive rehabilitation therapy and a follow-up with a psychiatrist for emotional support. Ongoing monitoring of neurological status is advised.

Clinician's Signature
Date: 04/22/2024
Patient Consent
I, _____John Doe_____, hereby consent to the TBI assessment as described above.
Patient Signature
Date: 04/22/2024
Physician Signature
Name: Dr. Sarah Thompson
Date: 04/22/2024