**BRAIN INJURY ASSESSMENT**

M2: Nov 17

**AMBULANCE STAFF OR COURSE DOCTOR TO COMPLETE THIS SECTION**

*(****Note:*** *If an Ambulance staff member or Doctor is not available,* *this part of the form is to be filled out by the* ***most qualified individual*** *- employer, RIU Staff, NZTR Staff or Racing Club Staff)*

I have assessed this rider, and believe they should stop riding because of a possible brain injury. Before they resume riding, the rider will need to take a copy of this form to a doctor who will complete the assessment (below), followed by a psychometric assessment (administered by NZTR).

**RIDER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location the Injury took place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMBULANCE OFFICER: *Surname / number***

**COURSE DOCTOR: *Surname* */ NZMC#* (OR) OTHER: *Name and Job description***

**RIDER CONSENT:** Specific rider consent is not required for you to complete this section prior and forwarding it to NZTR, because as part of their annual re-licensing process, riders consent to allow their health information to be shared with NZTR.

**NZ REGISTERED PRACTIONER TO COMPLETE WHEN ASSESSING FOR FITNESS TO RESUME RIDING**

|  |  |  |
| --- | --- | --- |
| **Symptoms - a*re there any persistent related symptoms, such as***  | **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 your partner or boss say?)
 |  |  |
| **ASSESSMENT** | **Yes** | **No** |
| 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 for10 seconds-* *rider should be able to manage this without needing support of any sort)*.  |  |  |
| Mood | **Are you happy that there are no signs of increased irritability, anxiety or depression**?  |  |  |
| Cognition | **Can rider calculate OK?** (*Test by using 100-7, take off 7 again etc, to 65).*   |  |  |
| Personality | **Do you consider the rider’s behaviour and personality are more or less the same as before the accident**?  |  |  |
| **SUMMARY** | **I am satisfied that there are no other health issues that may impact on their ability to resume riding. (If there are, please not below.....)**  |  |  |

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

**­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

Please send to NZTR via either:  **Fax:** 04 568 8866 OR **Email:**  katie.chapman@nzracing.co.nz