

**BRAIN INJURY SYMPTOMS FORM**

Traumatic brain injury can have wide-ranging physical and psychological effects. Some signs or symptoms may appear immediately after the traumatic event, while others may appear days or weeks later.

Please indicate if you have experienced any of the following symptoms since the motor vehicle accident by placing a mark in the appropriate box:

**Physical symptoms**

- |   |  |
|---|--|
| <input type="checkbox"/> Loss of Consciousness                                  | <input type="checkbox"/> Altered Consciousness (No loss of consciousness, but a state of being dazed, confused or disoriented) |
| <input type="checkbox"/> Headache and possible neck pain                        | <input type="checkbox"/> Difficulty sleeping/ Sleep disturbance  |
| <input type="checkbox"/> Nausea or vomiting                                     | <input type="checkbox"/> Sleeping more than usual  |
| <input type="checkbox"/> Fatigue, drowsiness, lethargy, change in sleep pattern | <input type="checkbox"/> Light-headedness or dizziness   |
| <input type="checkbox"/> Problems with speech                                   | <input type="checkbox"/> Problems with balance/walking/loss of balance   |
| <input type="checkbox"/> Weakness or numbness in fingers and toes               | <input type="checkbox"/> Excessive fatigue   |
| <input type="checkbox"/> Dysphagia (problems swallowing)                        | <input type="checkbox"/> Change in sex drive   |
| <input type="checkbox"/> Loss of coordination                                   |  |

**Sensory symptoms**

- |  |  |
|--|--|
| <input type="checkbox"/> Increased sensitivity to light/sound/distractions           | <input type="checkbox"/> Loss of vision/blurred vision or “tired” eyes |
| <input type="checkbox"/> Paralysis of facial muscles or losing sensation in the face | <input type="checkbox"/> Ringing in the ear(s) (tinnitus)              |
| <input type="checkbox"/> Loss of or altered sense of smell                           | <input type="checkbox"/> Hearing loss                                  |
| <input type="checkbox"/> Loss of or altered sense of taste                           | <input type="checkbox"/> Difficulty recognizing objects                |
| <input type="checkbox"/> A bitter taste, a bad smell or difficulty smelling          | <input type="checkbox"/> Impaired hand-eye coordination                |
| <input type="checkbox"/> Blind spots or double vision                                | <input type="checkbox"/> Skin tingling, pain or itching                |
|  | <input type="checkbox"/> Trouble with balance or dizziness             |

**Cognitive or mental symptoms**

- |   |   |
|---|---|
| <input type="checkbox"/> Amnesia                                      | <input type="checkbox"/> Inability to organize thoughts and ideas             |
| <input type="checkbox"/> Profound confusion and/or getting lost       | <input type="checkbox"/> Slowness in thinking, acting, speaking, reading      |
| <input type="checkbox"/> Slurred speech                               | <input type="checkbox"/> Impaired decision making or problem solving          |
| <input type="checkbox"/> Problems with speech/word finding            | <input type="checkbox"/> Trouble following and participating in conversations |
| <input type="checkbox"/> Difficulty speaking or writing               | <input type="checkbox"/> Easily distracted/lack of attention                  |
| <input type="checkbox"/> Difficulty understanding speech or writing   | <input type="checkbox"/> Agitation, combativeness or other unusual behaviour  |
| <input type="checkbox"/> Problems with memory                         |   |
| <input type="checkbox"/> Problems with concentration/ability to focus |   |

**Behavioral Changes**

- |  |  |
|--|--|
| <input type="checkbox"/> Behavioural and/or mood changes             | <input type="checkbox"/> Problems with behaviour / risky behaviour |
| <input type="checkbox"/> Problems with judgment/self-control         | <input type="checkbox"/> Problems with anger/irritability          |
| <input type="checkbox"/> Problems in social relationships/situations | <input type="checkbox"/> Verbal or physical outbursts              |
| <input type="checkbox"/> Lack of awareness of abilities              |  |

**Emotional Changes**

- |   |  |
|---|--|
| <input type="checkbox"/> Problems with emotions/emotional instability/mood swings | <input type="checkbox"/> Change in personality         |
| <input type="checkbox"/> Excessive crying   | <input type="checkbox"/> Lowered frustration tolerance |
| <input type="checkbox"/> Problems with depression/mood                            | <input type="checkbox"/> Increased irritability        |
| <input type="checkbox"/> Feeling anxious  | <input type="checkbox"/> Increased anger               |
| <input type="checkbox"/> Feeling overwhelmed (in social situations, crowds)       | <input type="checkbox"/> Lack of empathy for others    |
|   | <input type="checkbox"/> Insomnia                      |

Dated: \_\_\_\_\_

Completed by: \_\_\_\_\_

Compliments of,  
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