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**DATA FORM FOR BASELINE/NEUROPSYCHOLOGICAL CONCUSSION TESTING**  
**(CONFIDENTIAL- Complete all that applies below)**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 \_\_\_\_\_ Birthdate \_\_\_\_\_ Yrs of Education \_\_\_\_\_  
 Phone (home) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Phone (work/cell) \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Marital Status \_\_\_\_\_ School/Grade \_\_\_\_\_  
 Spouse or Parents' Names \_\_\_\_\_  
 Emergency Contact Name and Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Referred by: \_\_\_\_\_

Sports Teams/ Activities presently involved in:  

<u>Team/Activity Name</u>	<u>Location/Address</u>	<u>Season</u>	<u>Coach/Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____

Family Physician (name, address, phone #)  
 \_\_\_\_\_  
 \_\_\_\_\_

Any Known History of Medical Conditions from Birth until the Present (include hospitalizations, surgeries, accidents, broken bones, substance abuse):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Concussions/Head Injuries History (age & dates)  
 \_\_\_\_\_  
 \_\_\_\_\_

Present Medications  
 \_\_\_\_\_

Any Known History of Learning/Attention Disorders, Dyslexia, Academic Difficulties/Retention, Child Study Team Classifications, etc.  
 \_\_\_\_\_

Estimated Grade Point Average for most recent school year: \_\_\_\_\_ (A=4.0, B=3.0, C=2.0, D=1.0)

Estimated School Standardized Testing Percentiles for English/Verbal \_\_\_\_\_% for Math \_\_\_\_\_%

History of Counseling or Therapy (briefly describe)  
 \_\_\_\_\_

Anything else you think we should know?  
 \_\_\_\_\_