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If **three or more** of the symptoms on the attached sheet are present since the client's injury, there is a high probability of a TBI, and it is worthy of further evaluation by an Ethos Medical provider.

If necessary, we can then order functional diagnostic testing to confirm a TBI diagnosis, such as VNG, oculomotor tracking, balance testing, or EEG, as well as advanced brain imaging such as DTI/SWI.

If you have any questions about how to best utilize this symptom checklist, or would like to have a client evaluated at any of our locations in Florida, Missouri, California, or Michigan, please email me at [drwalker@ethosbi.com](mailto:drwalker@ethosbi.com) or call Kim Etheridge, Director of PI Operations, at 352-322-0718.

Regards,

Dr. Jonathan Walker  
CEO, Ethos Health Group  
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904-616-1284 (Phone)  
352-282-0391 (Fax)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What was the date of your injury? \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please make a check in the boxes below to indicate if you are experiencing any of the following symptoms in the list:

SYMPTOMS	SINCE INJURY	PRIOR TO INJURY
Headache		
Pressure in the head		
Neck pain		
Nausea		
Vomiting		
Dizziness		
Blurred vision		
Balance problems		
Light sensitivity		
Sound sensitivity		
Feeling slowed down		
Feeling like in a fog		
Don't feel right		
Difficulty concentrating		
Difficulty remembering		
Fatigue or low energy		
Confusion		
Drowsiness		
Trouble falling asleep		
More emotional		
Irritable		
Sad		
Nervous or anxious		
Don't feel normal		
Other (write in)		
Other (write in)		
Other (write in)		
Other (write in)		

1. If this is a premises liability case, did the client's head strike anything (floor, wall, etc)?  
 \_\_\_ Yes \_\_\_ No

2. If the date of injury is greater than 6 months old, are any of the symptoms from the list above contained with any consistency in the medical records or chiropractic chart notes to date?  
 \_\_\_ Yes \_\_\_ No