

**INDIVIDUAL HEALTH SUMMARY  
FOR STUDENT WITH TRAUMATIC BRAIN INJURY**

**Student Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_ Current Date: \_\_\_\_\_

**Emergency Health Care Providers**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this student require an emergency crisis response plan? Yes \_\_\_ No \_\_\_  
(If yes, attach a copy to this summary.)

Does this student have a current health care plan on file? Yes \_\_\_ No \_\_\_ Location: \_\_\_\_\_

**Medical History:** (description of injury, including area(s) affected, length of loss of consciousness and post-traumatic amnesia, and other relevant health information; DO NOT include diagnoses, judgements and opinions made by a health care provider.)

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**Current Functioning:**

Physical Status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Psychological/Behavioral Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Functioning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

**Does the student require special health care procedures?** Yes\_\_\_ (if yes, complete the following)  
No\_\_\_

<u>Procedures</u>	<u>Person Responsible</u>	<u>Frequency and Location</u>

**Are there current medications administered at school?** Yes\_\_\_ (if yes, list below) No\_\_\_

<u>Purpose of medication</u>	<u>Person responsible</u>	<u>Frequency</u>

**Does the student have special dietary needs?** Yes\_\_\_ (if yes, describe below) No\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the student have activity restrictions?** Yes\_\_\_ (if yes, describe below) No\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the student have adaptive equipment needs?** Yes\_\_\_ (if yes, describe below) No\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the student have special transportation needs?** Yes\_\_\_ (if yes, describe below) No\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This summary prepared by: [Name(s) & Title(s)] \_\_\_\_\_  
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