

# Baseline Concussion Testing **Registration Form**

Please complete all information and fax to 732-747-1292, email to [info@dborthopt.com](mailto:info@dborthopt.com), or give to your coach

## ***Athlete*** (each athlete must have their own registration form completed)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Team: \_\_\_\_\_

Physician/Pediatrician: \_\_\_\_\_

MD telephone: \_\_\_\_\_ MD fax: \_\_\_\_\_

## ***Parent/Guardian***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_

The cost of the complete program is **\$39.99** and entitles the athlete a baseline cognitive test and balance test as well as follow-up tests 24-72 hrs after head injury and 5-10days later. The post-injury tests will be performed at db Orthopedic Physical Therapy, PC and require scheduling by calling **732-747-1262**. Follow-up testing is included in the initial fee of \$39.99 for a period up to one year from the date of baseline testing. The test results will be shared with your physician on record or a physician of your choosing.

## ***Payment Information***

Check#: \_\_\_\_\_

Visa            Mastercard            Discover            American Express

Name on card: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Exp date: \_\_\_\_\_

Sec code: \_\_\_\_\_



# Baseline Concussion Testing Consent Form

Please complete all information and fax to 732-747-1292, email to [info@dborthopt.com](mailto:info@dborthopt.com), or give to your coach

Dear Parent or Guardian:

We are taking a proactive approach in managing the cognitive function of our Student Athletes by partnering with db Orthopedic Physical Therapy, PC to use Axon Sports Computerized Cognitive Assessment Tool (CCAT) and Biodex Medical Systems Biosway Balance protocol as part of a concussion management program.

We request that your child register at [axonsports.com](http://axonsports.com) to take a Baseline Test using this online tool. The Athlete Profile is easily created and password protected.

The purpose of the Axon Sports CCAT is to establish and store a Baseline of cognitive function. In the event that your child sustains a suspected concussion or other traumatic brain injury (TBI), the Baseline results can be compared with your child's performance on an after injury test. This comparison helps to indicate any change in cognition and is an important tool in an overall concussion management program. The Biodex Biosway Balance test will be performed on-site for baseline testing and be available at db Orthopedic Physical Therapy, PC for After injury comparison. You are entitled to free follow-up testing after a documented head injury for 1 year after the date of baseline testing. The test results will be forwarded to your physician of record for return to play determination. db Orthopedic Physical Therapy, PC is **not** involved in your child's return to play decision except with provided pre and post testing results to your physician.

Because your child is a minor, db Orthopedic Physical Therapy, PC requires Parents/Guardians to read and agree to the Terms of Use and Privacy Policy for Axon Sports and its CCAT, by signing a consent form. Without your consent, your child will not be able to maintain a user profile or store test results on **axonsports.com**. Following your review, please sign the consent form and bring it on the day of testing, fax it to 732-747-1292, or email to [info@dborthopt.com](mailto:info@dborthopt.com).

## CONSENT OF PARENT OR GUARDIAN

By granting consent, you certify that db Orthopedic Physical Therapy, PC has provided you with the opportunity to review the Axon Sports Terms of Use and Privacy Policy or that you have reviewed the Terms of Use and Privacy Policy at [www.axonsports.com](http://www.axonsports.com) and have reviewed the purpose of the tests at [www.dborthopt.com/concussion](http://www.dborthopt.com/concussion). Without your consent, your child's Axon Sports Account will be deleted within seven business days, and any Baseline tests that have been taken will no longer be accessible.

**I hereby grant my consent to the registration of my child, \_\_\_\_\_, on axonsports.com and to the administration and supervision of the CCAT test and Biodex Balance test by db Orthopedic Physical Therapy, PC who has provided this Consent Form and hereby accept the Terms of Use and Privacy Policy on the behalf of myself and my child.**

\_\_\_\_\_  
Signature of Parent or Guardian

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

