

Law Offices of  
**DAVID L. GOLDIN**  
A Professional Corporation  
945 Fourth Ave.  
San Diego, California 92101  
(619) 235-6344 Fax: (619) 236-7474  
goldin@lawinfo.com  
www.headlaw.com

## REPORT OF CHANGES AND PROBLEMS AFTER BRAIN INJURY

Instructions: Listed below are a number of symptoms that may describe the way you felt before your injuries and the way you feel now. Put a check in the **Before** Box next to the symptom if it describes the way you felt before your injuries and a check in the **Since** Box if you feel that way now. If the symptom does not describe you either now or then, leave it blank.

If you check a symptom, either **Before** or **Since**, if possible give the name and address of at least one person who knows about this condition. Try to use different people for different conditions. The more credible the person, the more important that person is as a potential witness. Finally, as to each symptom you have checked, briefly describe any changes or problems you have experienced as to that condition from the outset (or the last time you filled out this form) to the present. If you need additional space, please attach additional sheets to your response.

### *PHYSICAL*

	<b>Before</b>	<b>Since</b>
<b>Weakness/Paralysis</b>	<input type="checkbox"/>	<input type="checkbox"/>
Witness: _____		
Describe: _____		
<b>Impaired coordination/balance</b>	<input type="checkbox"/>	<input type="checkbox"/>
Witness: _____		
Describe: _____		
<b>Vision:</b>		
<b>- double vision</b>	<input type="checkbox"/>	<input type="checkbox"/>
Witness: _____		
Describe: _____		

**- blurriness** Before  Since

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**- visual field cuts** Before  Since

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**- inattention to one side of space** Before  Since

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**- trouble tracking/focusing** Before  Since

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**- altered visual perception** Before  Since

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Difficulty hearing/Ringing in ears** Before  Since

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Difficulty Swallowing** Before  Since

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Before**   **Since**

**Dizziness/Nausea**

 

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Headaches**

 

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Neck pain**

 

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Back pain**

 

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Sensitivity to light**

 

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Sensitivity to noise**

 

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Fatigue**

 

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Before    Since**

**Sleeping more**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Trouble falling or staying asleep**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Reduced smell**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Reduced taste**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Seizures**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Other physical changes and problems**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

***EMOTIONAL/ BEHAVIORAL***

**Mood Swings** **Before**  **Since**   
Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Irritability**    
Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Depression/Withdrawal**    
Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Restlessness/Agitation**    
Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Passivity**    
Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Lack of motivation / initiation**    
Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Loss of interest in activities**    
Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Before    Since**

**Poor impulse control**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Anger outbursts**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**More easily prone to frustration or overload**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Lability (less control of emotions)**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Denial and poor awareness of problems/changes**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Inappropriate social interaction (swearing, lack of tact, inappropriate eye contact, verbosity, etc.)**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Hyper (more) sexuality**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Before    Since**

**Hypo (less) sexuality**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Egocentric**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Other emotional/behavioral changes and problems**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

***COGNITION/COMMUNICATION***

**Disorientation to person, place, time**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Confusion**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Impaired short-term memory**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Before    Since**

**Impaired long-term memory**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Inflexibility**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Reduced concentration**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Reduced attention**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Difficulty doing more than one thing at a time**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Reduced math skills**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Perseveration (getting “stuck” on a certain topic, task, word)**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Before    Since**

**Difficulty staying on task or on topic**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Impaired judgment and problem-solving skills**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Inconsistent performance**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Difficulty with generalization and carry-over of new learning**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Sequencing problems**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Disorganization**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Before    Since**

**Difficulty with abstract thinking and reasoning skills**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Slowed thinking**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Increased rate of performance**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Decreased rate of performance**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Slurred speech**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Changes in voice quality (nasal, hoarse, breathy, etc.)**

    

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Before    Since**

**Language**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**- Difficulty with word order and grammar**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**- Decreased auditory comprehension**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**- Decreased comprehension of abstract material**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**- Increased difficulty with reading (including slower reading and poor reading comprehension)**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**- Increased difficulty with writing, including spelling difficulties**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_

**Other cognition/communication changes and problems**

  

Witness: \_\_\_\_\_

Describe: \_\_\_\_\_