

Given the difficulties in concussion management, it is important to manage concussion on an individualized basis. ImPACT™ (Immediate Post-Concussion Assessment and Cognitive Testing) is a computerized concussion evaluation system. It measures symptoms, verbal and visual memory, processing speed and reaction time. It is "the first, most-widely used, and most scientifically validated computerized concussion evaluation system" and is used by schools, colleges and professional sports.

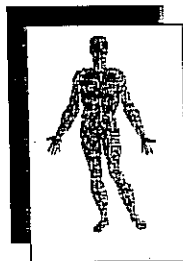
HOW ImPACT™ WORKS

Athletes are asked to take the ImPACT™ test pre-season or prior to any head injury. The results of this test are then kept on file to be used as a baseline should head injury occur.

In the event of a head injury, a post-injury test is conducted and compared to the baseline test to determine an athlete's post-injury condition. As a certified ImPACT™ consultant, Dr. Pegg is highly qualified to interpret post-injury ImPACT™ results. This interpretation, in conjunction with physical examination, provides the trainer with invaluable information regarding concussion status. Depending upon the post-injury ImPACT™ results, an athlete may be held from play. Subsequent post-injury ImPACT™ testing may be necessary. The goal is to avoid "Second Impact Syndrome," a sometimes fatal condition which occurs when an athlete receives a second concussion prior to being completely healed from the first concussion. An ImPACT™ score that is back to baseline is one indicator of concussion resolution and allows the athlete to return to play when physically cleared by qualified medical personnel.

ImPACT™ is not a replacement but is used in conjunction with medical care. Depending upon the athlete's symptoms, evaluation by a physician may be appropriate. Post-injury ImPACT™ testing and interpretation as well as physician office visits will incur charges. Claims will be submitted to your health insurance if we are provided with necessary billing information. Any allowable charges not covered by your insurance will become your responsibility. **Please Note:** Some insurance companies categorize ImPACT™ as psychological testing. Contact your insurance company to find out if prior authorization is needed for ImPACT™ test coverage.

For more information regarding ImPACT™ go to www.impacttest.com or contact our office at (309)661-7344.



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ImPACT™ Program Consent for Participation

I have read and understand the ImPACT™ GUIDE FOR PARENTS and give my
permission for _____ to participate in the
(Name) (Date of Birth)
ImPACT™ concussion management program with _____
(Organization or School)

(Signature of parent/guardian)

(Date)

Insurance Information

(Please provide all information and print clearly)

Insurance Company: _____

ID: _____ Group # (If Available): _____

Name of *Subscriber: _____

*Subscriber's Date of Birth: _____

Claims Mailing Address (Usually provided on insurance card):

Responsible Party Mailing Address: _____

Home Telephone: _____

Alternate Telephone: _____

* Subscriber is the policy holder, usually a parent.

Please check the box if your insurance company requires pre-approval for medical tests.