



T B I C H E

mTBI symptom screening tool

**BETTER
DATA.
BETTER
DECISIONS.**

mindsetintegrated.com

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Undiagnosed mTBI is a public health challenge. TBI CHEQ enables your practice to be part of the solution. TBI CHEQ brings the standard of care for inpatient evaluation of TBI to the outpatient setting. Cost-effective and efficient, TBI CHEQ allows providers to collect a large amount of multidisciplinary, actionable data in one outpatient appointment. The results allow treatment to begin sooner, be more informed and effective, and serve as the basis for necessary provider referrals. Being a provider that identifies an otherwise undiagnosed brain injury will generate gratitude in your patients and increase your marketability in the community.

THE INTAKE

Eligibility for TBI CHEQ is determined by asking 1) whether a patient sustained an injury that meets diagnostic criteria of a brain injury and 2) whether the patient is symptomatic.



INTAKE FORM

Name: Jane Doe Date of Birth: 04/28/1984
Phone: (505) 585-0091 Email: info@mindsetintegrated.com
Address: 800 Lomas Blvd NW Suite 200 City/State/Zip: Albuquerque, NM 87120
Person Completing the Form (if different than above): Dr. Smith

What was the nature of the critical event that prompted this evaluation?

<input type="checkbox"/> Head Trauma (specify)	<input checked="" type="checkbox"/> Motor Vehicle Accident (MVA)	<input type="checkbox"/> Slip/Fall
<input type="checkbox"/> Sports Related Injury	<input type="checkbox"/> Hit by Falling Object	<input type="checkbox"/> Seizure
<input type="checkbox"/> Toxic Exposure	<input type="checkbox"/> Stopped breathing/deprivation of oxygen	<input type="checkbox"/> Other: _____

Date or approximate date (month and year) of the event? _____

Was there a Loss of Consciousness (LOC)?

<input type="checkbox"/> Uncertain	<input type="checkbox"/> No LOC	<input type="checkbox"/> LOC less than 1 min
<input checked="" type="checkbox"/> LOC 1-5 min	<input type="checkbox"/> LOC 6-30 min	<input type="checkbox"/> LOC more than 30 min

Was there a CHANGE in Consciousness or Mental State, such as being dazed, confused, or disoriented?

<input type="checkbox"/> Uncertain	<input type="checkbox"/> No Change	<input type="checkbox"/> Change less than 1 min	<input type="checkbox"/> Change 1-5 min
<input type="checkbox"/> Change 6-30 min	<input checked="" type="checkbox"/> Change 30 min-24 hours	<input type="checkbox"/> Change more than 24 hours	

Did the patient (you) experience any of the following symptoms at the time of or in the hours following the event?

<input checked="" type="checkbox"/> Dizziness	<input checked="" type="checkbox"/> Disorientation	<input type="checkbox"/> Confusion	<input type="checkbox"/> Nausea (upset stomach)
<input checked="" type="checkbox"/> Changes in vision (blurry vision, seeing double)	<input type="checkbox"/> Changes in hearing (hearing loss, ringing in ears)		
<input type="checkbox"/> Neurological Deficits or Symptoms (numbness, movement problems, facial muscle problems, seizure)			

Since the event has the patient (have you) experienced any new or worsened symptoms in the following areas?

<input checked="" type="checkbox"/> Headaches	<input type="checkbox"/> Numbness or tingling	<input checked="" type="checkbox"/> Trouble remembering
<input checked="" type="checkbox"/> Pain	<input checked="" type="checkbox"/> Loss of taste or smell	<input checked="" type="checkbox"/> Trouble concentrating
<input type="checkbox"/> Dizziness	<input checked="" type="checkbox"/> Problems with vision	<input type="checkbox"/> Trouble hearing
<input type="checkbox"/> Fatigue	<input checked="" type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Feeling anxious
<input checked="" type="checkbox"/> Trouble falling asleep	<input checked="" type="checkbox"/> Sensitivity to sound	<input type="checkbox"/> Feeling depressed
<input checked="" type="checkbox"/> Trouble staying asleep	<input checked="" type="checkbox"/> Ringing in the ears	<input checked="" type="checkbox"/> Feeling irritated/frustrated

THE PROTOCOL

PHYSICAL

Physical symptoms are the most frequent category of complaints following a brain injury. TBI CHEQ collects data relating to headaches, pain, fatigue, balance, hearing, visual impairments, and more.

PSYCHIATRIC

Psychiatric symptoms are also common and need to be assessed. The protocol evaluates depression, anxiety, post-traumatic stress, personality changes, and changes in behavior.

COGNITIVE

Brain injury is most frequently associated with cognitive compromise. Cognitive testing evaluates memory, attention, concentration, and other functions known to be vulnerable to TBI.

THE PROCESS

REPORT

After the TBI CHEQ protocol is administered and the data uploaded, the symptom summary report is generated and returned.

REVIEW

The referring provider reviews the report and underlying data to understand the presentation of the patient across all areas of functioning.

RECOMMEND

The symptom profile of the patient identifies treatment needs and appropriate specialty provider referrals.

TBI CHEQ generates a comprehensive symptom profile.

The symptom profile of each patient includes 20+ symptoms across the physical, psychiatric, and cognitive domains of functioning, mapped onto a severity scale.

THE REPORT

This is a sample of a portion of the symptom profile results page of the report. To request a full TBI CHEQ report example contact us.



Symptom Profile

Single Item Self-Report Ratings

- None/No significant issues (NSI)** – Rarely present. Not really a problem at all.
- Mild** – Occasionally present. It is noticeable but rarely disrupts my daily activities.
- Moderate** – Often present. It may disrupt my activities.
- Severe** – Frequently present and usually disrupts my activities.
- Very Severe** – Present almost every day. It is nearly incapacitating.

Somatic Domain

Sub-Domain	Severity (based upon client-report)	Additional Measures - Questions, Questionnaires or Tests
Eye Movements	No self-report for this measure	K-D = Pass
Stability	Moderate	Balance: Moderate Dizziness: Mild Stand: 52% Prop: 08% Vision: 34% Vest: 05%; Moderate
Headache	Severe	HIT-6 score of 71; Severe
Pain	Moderate	Overall Pain: Moderate Pain at time of cognitive testing: Moderate
Vision	Mild	Photophobia: Mild Blurry Vision: Mild
Auditory Processing	Mild	Hearing Loss: NSI Noise Sensitivity: Mild Tinnitus: Mild Problems following conversations: Mild SCAN-3 AFG0, ss = 6; 9th percentile; Borderline
Tactile Processing	Mild	Numbness: Mild Pins and Needles: Mild
Smell	NSI	
Taste	NSI	
Sleep	Severe	Sleep Quality Index = 16; Poor
Fatigue	Severe	Mental Fatigue Scale = 32; Severe

The final page of the report organizes the data into one table of symptom presence and severity. This provides an at-a-glance understanding of the patient's presentation and data for immediate recommendations and referrals.

THE REPORT

This is a sample of a portion of the summary of severity ratings results page of the report. To request a full TBI CHEQ report example contact us.

TBI CHEQ 

Summary of Severity Ratings based on the most compromised measure between self-report and any valid objective testing measure

No significant issues (NSI)	Mild issues	Moderate issues	Severe issues
Domain	Symptom	Severity	
Somatic	Eye Movements	NSI	
	Stability	Moderate	
	Headache	Severe	
	Pain	Moderate	
	Vision	Mild	
	Auditory Processing	Mild	
	Tactile Processing	Mild	
	Smell	NSI	
	Taste	NSI	
	Sleep	Severe	
Psychiatric	Fatigue	Severe	
	Depression	Moderate	
	Anxiety	Mild	
	Post-Traumatic Stress	Severe	
Cognitive (based just on patient self-report)	Behavioral Dysregulation	Mild	
	Memory	Moderate	
	Attention	Mild	
	Executive Functioning	Moderate	
	Speed of Processing	Mild	
Spoken Language	NSI		

**LICENSE
TBI CHEQ**

Purchase or lease equipment. Average cost \$7-9K plus monthly protocol license and per report generation fees.

**RECEIVE SYMPTOM
SUMMARY REPORT**

Serves as the basis for care and referrals. Increases the value of subsequent receivables under lien/LOP model.

**GENERATE
RECEIVABLE**

TBI CHEQ corresponds to 10+ CPT codes for the technical and professional components.

BECOME A PROVIDER

STEP 1

Schedule Zoom meeting or call to learn more.

STEP 2

Incorporate TBI CHEQ into your practice through equipment lease or purchase and a protocol and report generation license.

STEP 3

Administer the TBI CHEQ to patients that meet the eligibility criteria and receive their symptom summary report for clinical decision making.

STEP 4

Increase access to and quality of care received by patients that sustained a mTBI.

mindsetintegrated.com/tbi-cheq

LET'S CONNECT

We would be delighted to hear from you and discuss your practice and needs. We welcome and appreciate all questions. Please let us know how we can help.



SET UP A 15 MINUTE ZOOM MEETING

<https://calendly.com/lynkiehl/>



REQUEST A SAMPLE TBI CHEQ REPORT

<https://www.mindsetintegrated.com/contact-us>



QUESTIONS?

Call (505) 249-7058

Email info@mindsetintegrated.com