

INJURY REPORT FORM - GENERAL



Name of patient: _____ DOB: __/__/__ Date of Injury: __/__/__ Time: _____:_____ am/pm

Sex: Male Female

Sport: _____ The injured person is a: Player / Referee / Coach / Spectator

Patient Address: _____ Postcode: _____ Phone: _____

Venue: _____ Event/match: _____

Type of activity at time of injury

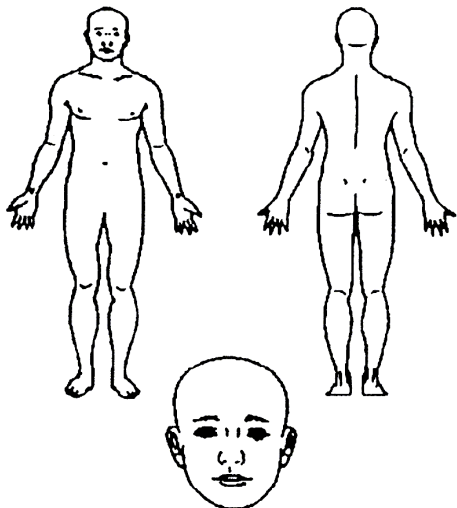
- training
- warm-up
- competition
- cool-down
- other _____

Reason for Presentation

- new injury
- exacerbated/aggravated injury
- recurrent injury
- illness
- other _____

Body Region Injured

Tick or circle body part/s injured & name



Body part/s

Nature of Injury/illness

- abrasion/graze
- sprain e.g. ligament tear
- strain e.g. muscle tear
- open wound/laceration/cut
- bruise/contusion
- inflammation/swelling
- fracture (including suspected)
- dislocation/subluxation
- overuse injury to muscle or tendon
- blisters
- concussion
- cardiac problem
- respiratory problem
- loss of consciousness
- unspecified medical condition
- other _____

Provisional diagnosis/es

Mechanism of Injury

- struck by other player
- struck by ball or object
- collision with other player/referee
- collision with fixed object
- fall/stumble on same level
- jumping to shoot or defend
- fall from height/awkward landing
- overexertion (e.g. muscle tear)
- overuse
- slip/trip
- temperature related e.g. heat stress
- other _____

Explain exactly how the incident occurred:

Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?

Protective Equipment

Was protective equipment worn on the injured body part? yes no

If yes, what type eg mouthguard, ankle brace, _____

Initial Treatment

- none given (not required)
- RICER dressing
- sling, splint crutches
- CPR stretch/exercises
- taping only
- none given - referred elsewhere
- other _____

Advice Given

- Immediate return, unrestricted activity
- Able to return with restriction
- Unable to return at the present time
- Able to return but the player chose not to
- Referred for further assessment before returning to activity

Referral

- no referral
- medical practitioner
- physiotherapist
- ambulance transport
- hospital
- other _____

Provisional severity assessment

- mild (1-7 days modified activity)
- moderate (8-21 days modified activity)
- severe (>21 days modified or lost)

Treating person

- medical practitioner
- sports trainer (ID _____)
- other _____

Treating Persons Name

Signature
