**INJURY REPORTING FORM** 

**Event:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Gender: M ◻ F ◻ Player / Referee / Coach / Spectator **Sport: Team :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Venue/area at which injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date of injury / /**  **Time of arrival**  **Type of activity at time of injury**  ◻ training/practice  ◻ competition  ◻ 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 eg ligament tear  ◻ strain eg 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 \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAUSE OF INJURY**  **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, defend/rebound  ◻ fall from height/awkward landing  ◻ gradual onset, no specific mechanism identified  ◻ slip/trip  ◻ temperature related eg 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, taping.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Initial Treatment**  ◻ none given (not required)  ◻ RICER  ◻ dressing  ◻ sling, splint  ◻ massage  ◻ manual therapy  ◻ oxygen therapy  ◻ CPR / defibrillater  ◻ stretch/exercises  ◻ strapping/taping  ◻ none given - referred elsewhere  ◻ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Consumables Used** | **Advice Given**  ◻ immediate return unrestricted activity ◻ able to return with restriction  ◻ unable to return at present time **Referral**  ◻ no referral  ◻ medical practitioner  ◻ physiotherapist  ◻ chiropractor or other professional ◻ 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)*  **Notes**  **Treating person**  ◻ medical practitioner  ◻ physiotherapist  ◻ nurse / paramedic  ◻ sports trainer – ◻ level 1 ◻ level 2 **Signature of treating person**  **Printed name of treating person**  **Today’s date / /**  **Time discharged** |

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