

Name of patient: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_am/pm Is the injured person : Player / Referee / Coach / Spectator

Patient Address: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_

Sport \_\_\_\_\_ Venue \_\_\_\_\_ Event/match: \_\_\_\_\_

**Type of activity at time of injury**

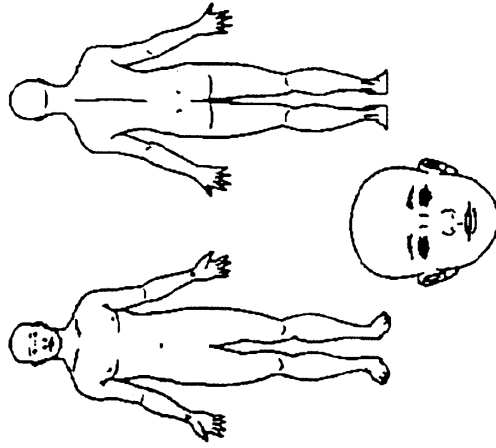
- training
- warm-up
- competition
- cool-down
- other \_\_\_\_\_

**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 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 or defend
- fall from height/awkward landing
- overexertion (eg muscle tear)
- overuse
- 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  crutches
- sling, splint  stretch/exercises
- CPR
- taping only
- none given - referred elsewhere
- other \_\_\_\_\_

**Advice Given**

- immediate return unrestricted activity
- able to return with restriction
- unable to return at 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
- other \_\_\_\_\_

I have provided the patient with a copy of this report and told them that this record will be kept for insurance purposes. The injury information (not including patient name, address or phone number) will be entered into the Sports Injury Tracker Tool as part of the statistical analysis of injuries that occurred during the event. Patients are anonymous in these statistical records which help to create a safer sporting environment for future events.

**Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Sports Trainer ID \_\_\_\_\_