**INJURY REPORTING FORM**

**Reference:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DOB: \_\_/\_\_/\_\_ | Gender: M  F  | Student / Instructor / Assistant / Spectator |  |
| **Sport:** |  |  |  |  | **Style :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Grade: \_\_\_\_\_\_\_\_\_\_\_ | Venue/area at which injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Date of injury** | **/** | **/** |  |  | **Nature of Injury/Illness** |  | Explain exactly how the incident occurred |  | **Advice Given** |  |
| **Time of arrival** |  |  |  |  |  |  | abrasion/graze |  | **(use separate sheet if necessary)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | immediate return unrestricted activity |  |
| **Type of activity at time of injury** |  | sprain eg ligament tear |  |  |  |  | able to return with restriction |  |
| training/practice |  |  |  |  | strain eg muscle tear |  |  |  |  | unable to return at present time |  |
| competition |  |  |  |  |  |  |  |  |  |
|  |  |  |  | open wound/laceration/cut |  |  |  | **Referral** |  |
| other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | bruise/contusion |  |  |  |  | no referral |  |
| **Reason for Presentation** |  |  |  | inflammation/swelling |  |  |  |  | medical practitioner |  |
| new injury |  |  |  |  | fracture (including suspected) |  | Were there any contributing factors to the | physiotherapist |  |
| exacerbated/aggravated injury |  |  |  |
| dislocation/subluxation |  | incident, unsuitable footwear, playing surface, | chiropractor or other professional |  |
| recurrent injury |  |  |  |  |  |  |
|  |  |  |  | overuse injury to muscle or tendon |  | equipment, foul play? | ambulance transport |  |
| illness |  |  |  |  | blisters |  |  |  |  |  | hospital |  |
| other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | concussion |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Body Region Injured** |  |  |  | cardiac problem |  | **Protective Equipment** | **Provisional severity assessment** |  |
| Tick or circle body part/s injured & name |  | Was protective equipment worn on the injured |  |
|  |  |  |  |  |  |  |  | respiratory problem |  | body part?  yes | no | mild*(1-7 days modified activity)* |  |
|  |  |  |  |  |  |  |  |  | moderate*(8-21 days modified activity)* |  |
|  |  |  |  |  |  |  |  | loss of consciousness |  | If yes, what type eg mouthguard, ankle brace, |  |  |
|  |  |  |  |  |  |  |  | unspecified medical condition |  | taping. |  |  |  | severe*(>21 days modified or lost)* |  |
|  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | **Notes** |  |
|  |  |  |  |  |  |  |  | **Provisional diagnosis/es**  | **Initial Treatment** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | none given (not required) |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | RICE |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | dressing |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **CAUSE OF INJURY** |  |  |  |  | **Treating person** |  |
|  |  |  |  |  |  |  |  |  |  | sling, splint |  |  |  |  |
|  |  |  |  |  |  |  |  | **Mechanism of Injury** |  |  |  |  | first aider |  |
|  |  |  |  |  |  |  |  |  | massage |  |  |  |  |
|  |  |  |  |  |  |  |  | struck by other student |  |  |  |  | sports trainer –level 1level 2 |  |
|  |  |  |  |  |  |  |  |  | manual therapy |  |  |  |  |
|  |  |  |  |  |  |  |  | struck by weapon or training aide |  | oxygen therapy |  |  |  |  |  |
|  |  |  |  |  |  |  |  | collision with other student |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | CPR / defibrillater |  |  |
|  |  |  |  |  |  |  |  | collision with fixed object |  |  |
|  |  |  |  |  |  |  |  |  | stretch/exercises |  |  |  |  |
|  |  |  |  |  |  |  |  | fall/stumble on same level |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | strapping/taping |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | grappling or throwing |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | none given - referred elsewhere | **Signature of treating person**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Printed name of treating person**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |  |  |  | fall from jump /awkward landing |  |  |
|  |  |  |  |  |  |  |  |  | other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

* gradual onset, no specific mechanism

|  |  |  |  |  |
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| **Body part/s** | identified | **Consumables Used** |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | slip/trip |  | **Today’s date** | **/ /** |  |  |  |
|  | temperature related eg heat stress |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Time discharged** |  |  |  |  |  |
|  |  |  |  |  |

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