

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: \_\_\_\_\_

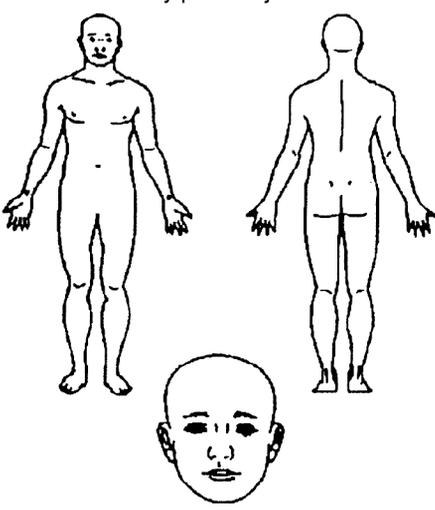
**Type of activity at time of injury**

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  
 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 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

\_\_\_\_\_