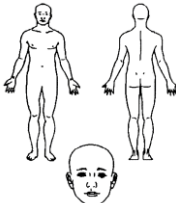




Name of patient	
Date of birth	
Sex	
Date of injury	
Time of injury	
Is this person injured:	
Patient address	
Patient phone number	
Sport	
Venue	
Event / Match	

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 and 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	
Cause of injury - Mechanism of injury	
	Struck by other player
	Struck by ball or object
	Collision with other play/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 to 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 part of the body?	
	Yes
	No
If yes, what type e.g. mouth guard, ankle brace, taping	
Cause of injury - Mechanism of injury	
	Struck by other player
	Struck by ball or object
	Collision with other play/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 to heat stress
	Other
Initial treatment	
	None given (not required)
	RICER
	Sling, splint
	CPR
	Taping only
	Dressing
	Crutches
	Stretch / exercises
	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
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Referral	
	No referral
	Medical practitioner
	Physiotherapist
	Ambulance transport
	Hospital
	Other
Provision 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	