

Name of patient/jersey No: _____ Age _____ Sex: Male Female

Date of Injury: ___/___/___ Time ___:___ am/pm Is the injured person : Player / Referee / Coach / Spectator

Patient Address: (only if ambulance called) _____ Patient Phone Number: _____
Club: PINE RIVERS PUMAS RUC Team Name: Under _____ Colour: _____ Venue: PINE RIVERS

Type of activity at time of injury

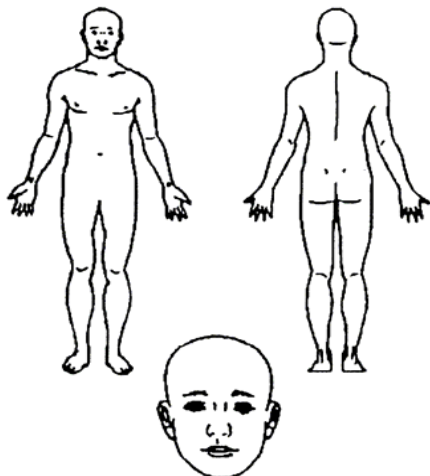
- training
- warm-up
- competition
- cool-down
- other _____

Reason for Presentation

- new injury
- exacerbated/aggravated injury
- recurrent injury
- illness
- other _____

Body Region Injured

Tick , colour or circle body part/s injured & name them below



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
- sling, splint
- CPR
- dressing
- crutches
- stretch/exercise
- taping only
- none given - referred elsewhere
- other _____

Advice Given

- immediate return, unrestricted activity
- able to return with restriction
- unable to return at present time

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 _____

Information to be conveyed to patient:
(please tick to indicate information conveyed)

- The patient knows that a copy of this injury record will be kept for insurance purposes. The patient knows that the injury information (not including the patients name, address or phone number) will be entered into the online SMA Sports Injury Tracker Tool. Data in the Sports Injury Tracker is used for statistical analysis of injuries that have occurred. This informs and creates a safer sporting environment for future events. The patient has been advised that they are anonymous in this process.*

The patient has agreed to have their information entered into the Sports Injury Tracker

- Yes
- No

Trainers Name

Sports Trainer ID

Today's Date: ___/___/___