SPORTSINJURYTRACKER
www.sportsinjurytracker.com.au

Name of patient: _____ **DOB** ___/___/___ **Sex: Male ☐ Female ☐**

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

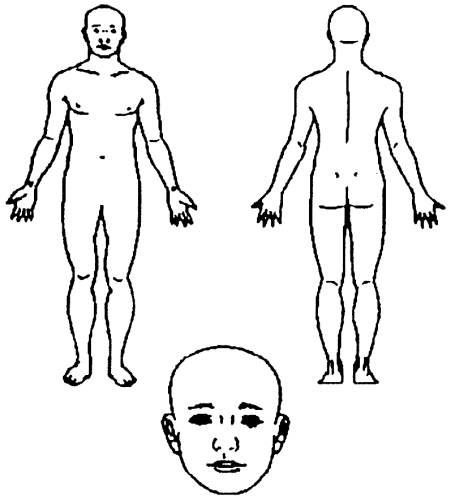
Patient Address: _____ Patient Phone Number: _____

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
_____