

## REPORTINJURY™ REPORT FORM

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Venue: \_\_\_\_\_

Patient: \_\_\_\_\_  M  F DOB: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_

Past Medical History: \_\_\_\_\_ Email: \_\_\_\_\_

Club/School: \_\_\_\_\_ Opposition: \_\_\_\_\_

Sport: \_\_\_\_\_ Age Group: \_\_\_\_\_ Division: \_\_\_\_\_ Position: \_\_\_\_\_

### Reason for Presentation:

- New Injury       Recurrent Injury  
 Exacerbated Injury       Ongoing Treatment  
 Other \_\_\_\_\_

### Time of Injury:

- Warm Up       1st Half       Post Game  
 Training       2nd Half       Previous Injury  
 Other \_\_\_\_\_

### Mechanism of Injury:

- Collision:  
 Tackle  
 Scrum  
 Ruck-Maul  
 Ground  
 Object  
 Kicked  
 Running:  
 Turning-Twisting  
 Sidestep-Cutting  
 Starting  
 Stopping  
 Sprinting  
 Overuse  
 Jumping  
 Landing  
 Throwing  
 Catching  
 Kicking  
 Other \_\_\_\_\_

### Tissue:

- Joint:  
 Ligament  
 Cartilage  
 Meniscus  
 Labrum  
 Joint (multiple)  
 Joint (non-specific)  
 Other \_\_\_\_\_  
 Muscle  
 Tendon  
 Bone  
 Brain  
 Nerve  
 Artery/Vein  
 Skin  
 Teeth  
 Other \_\_\_\_\_

### Type of Injury:

- Sprain – Grade I II III  
 Dislocation/Subluxation  
 Strain – Grade I II III  
 Cramp  
 Tendinopathy  
 Concussion:  
 Suspected  
 Confirmed  
 Fracture:  
 Suspected  
 Definite  
 Avulsion fracture  
 Stress fracture  
 Haematoma/Contusion  
 Abrasion  
 Laceration  
 Blister  
 Nose Bleed  
 Other \_\_\_\_\_

### On Field Action:

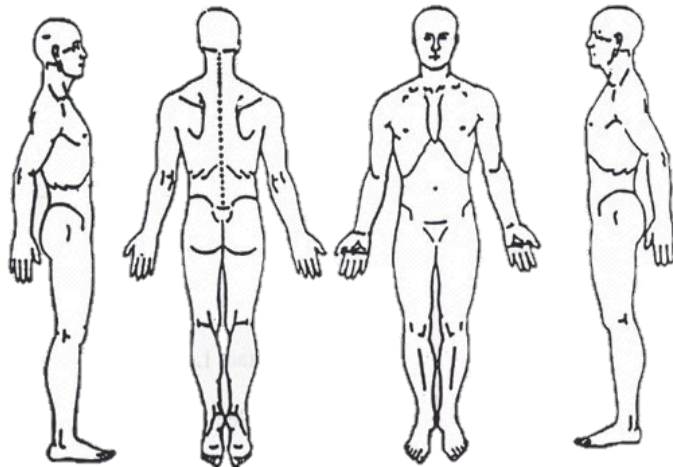
- Removed from field  
 Clean/dress wound  
 Massage  
 Tape/bandage  
 Manual therapy  
 Stretch  
 Immobilisation  
 Pocket CRT:  
 Pass  Fail  
 None required  
 Other \_\_\_\_\_

### Referral:

- Medical Room:  
 Doctor  
 Physiotherapist  
 Doctor/Hospital:  
 Doctor (Urgent)  
 Doctor (Non-urgent)  
 Doctor (As required)  
 Physiotherapy  
 Radiology \_\_\_\_\_  
 Home (no referral required)  
 Other \_\_\_\_\_

### Off Field Action:

- Rest (Relative)  
 Ice  
 Elevate  
 Compression  
 Exercises  
 Clean/dress wound  
 Massage  
 Tape/bandage  
 Manual therapy  
 Stretch  
 Immobilisation  
 Head Injury Advice  
 SCAT 3  
 Medication \_\_\_\_\_  
 Return to field  
 None required  
 Other \_\_\_\_\_



Comments: \_\_\_\_\_

CRT = Concussion Recognition Tool; SCAT = Sports Concussion Assessment Tool

Treating Person: \_\_\_\_\_

Signature: \_\_\_\_\_

Qualification: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_