

Athletes Name:

Date submitted:

SPORTSINJURYTRACKER

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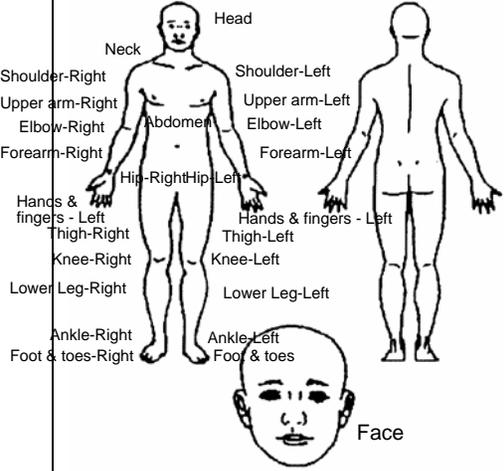
Name of patient: _____ DOB _____ Date of Injury: _____

Sex: Male Female Time _____ am/pm Sport _____

The injured person is:

Patient Address: _____ Postcode _____

Patient phone number: _____ Venue _____ Event/match _____

<p>Type of activity at time of injury _____</p> <p>If other _____</p> <p>Reason for Presentation _____</p> <p>If other _____</p> <p>Body Region Injured Tick or circle body part/s injured & name</p>  <p>Body part/s _____</p> <p>_____</p>	<p>Nature of Injury/Illness</p> <p style="text-align: center;">Athletes Name:</p> <p>_____</p> <p>If other _____</p> <p>Provisional diagnosis/es _____</p> <p>Mechanism of Injury _____</p> <p>If other _____</p>	<p>Explain exactly how the incident occurred:</p> <p>_____</p> <p>_____</p> <p>Were there any contributing factors to the incident, unsuitable footwear, playing surface, equipment, foul play?</p> <p>_____</p> <p>_____</p> <p>Protective Equipment Was protective equipment worn on the injured body part?</p> <p>If yes, what type eg mouthguard, ankle brace, _____</p> <p>Initial Treatment _____</p> <p>If other _____</p> <p>Advice Given _____</p>	<p>Referral</p> <p>If other _____</p> <p>Provisional severity assessment _____</p> <p>Treating person _____</p> <p>If training (ID _____) If o ther _____</p> <p><input type="checkbox"/> I have provided the patient with a copy of this report. I told the patient that this record will be kept for insurance purposes. The injury information will be entered into the Sports Injury Tracker Tool to monitor injuries that occur in sport to help to create a safer environment for the future.</p> <p>Treating Persons Name _____</p> <p>_____</p>
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