|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Injury Details: *This report reflects an accurate record of the patients reported symptoms of injury* | | | | | | | | | | | | | | | |
| **Name of person injured:** | | | | DOB:  (Day/Month/Year) | | | | | | | | / / | | | |
| **Date when injury occurred:** / / | | | | Date when injury is evident: | | | | | | | | | / / | | |
| **Person injured:** □ Athlete □ Coach □ Other: | | | | **Gender:** □ M □ F | | | | | | | | | | | |
| **Supervising Coach:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (Name & Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (Name & Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| First Aid provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name & Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date of **First Aid:** | | / / | | | **Initial Treatment:** | | | | | | | |
| □ No treatment required | | | | | | | |
| Reason for presentation: | * New Injury | | Aggravated Injury | | | | | □ CPR | | | | | | □ RICER | |
| * Recurrent Injury | | * Other: | | | | | □ Crutches | | | | | | □ Sling/splint | |
| Where did the injury occur? | | | | | | | | □ Dressing | | | | | | □ Strapping | |
| □ Training | □ Event | | □ Other: | | | | | □ Massage | | | | | | □ Stretches | |
| Symptoms of Injury: | | | | | | | | | | | | | | | |
| * Blisters | * Electrical Shock | | | | | * Pain | | | | | | | | | |
| * Blood Nose | * Fracture/Break *(inc. suspected)* | | | | | * Poisoning | | | | | | | | | |
| * Bruising/Contusion | * Graze/Abrasion | | | | | * Respiratory Problem | | | | | | | | | |
| * Burn | * Heavy bleeding | | | | | * Spinal | | | | | | | | | |
| * Cardiac problem | * Inflammation /Swelling | | | | | * Sprain | | | | | | | | | |
| * Concussion | * Infection | | | | | * Strain | | | | | | | | | |
| * Cut/Laceration | * Insect Bite/Sting | | | | | * Tenderness | | | | | | | | | |
| * Discoloration | * Loss of consciousness | | | | | * Other | | | | | | | | | |
| * Dislocation | * Open wound/laceration | | | | | * Other | | | | | | | | | |
| **Body part injured:** | How did the injury occur? | | | | | | | | | | | | | | |
|  | * Collision with fixed object e.g. vaulting horse | | | | | | | | * Overbalance | | | | | | |
| * Collision with another person | | | | | | | | * Overstretch | | | | | | |
| * Fall from height/awkward landing | | | | | | | | * Slip/trip | | | | | | |
| * Fall /stumble on same level e.g. mats | | | | | | | | * Other: | | | | | | |
| **Explain how the injury occurred (ie: sequence of events):** | | | | | | | | | | | | | | |
| **Was protective equipment worn on the injured site?**  e.g. hand guard, footwear | | | | | | | | | | | | | | □ Yes □ No |
|  | □ No referral | □ Medical Practitioner/Physiotherapist | | | | | | | | | □ Hospital | | | | |
| □ Ambulance | □ Other: | | | | | | | | | | | | | |
| **Signature of person completing form:** | | | | | | | **Date:** | | | / / | | | | | |