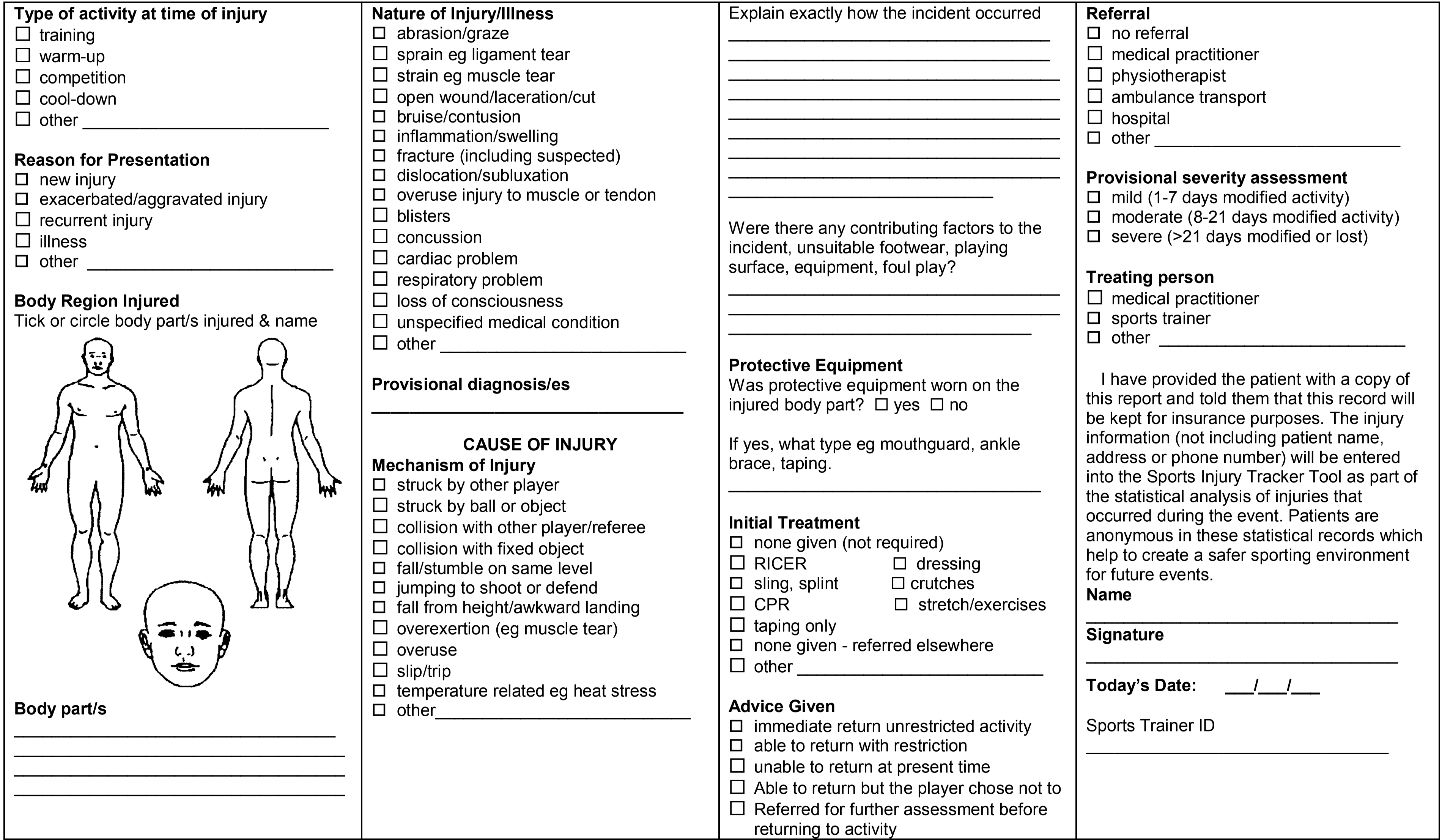

SPORTSINJURYTRACKER
www.sportsinjurytracker.com.au

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
____