SPORTS MEDICINE AUSTRALIA
Western Australia Branch

Injury Report Form

Event: _____ **Sport / Activity:** _____

Venue: _____ **Player / Referee / Coach / Spectator**

Full Name: _____ **DOB:** ___/___/___ **Gender:** M ☐ F ☐

Team / School: _____

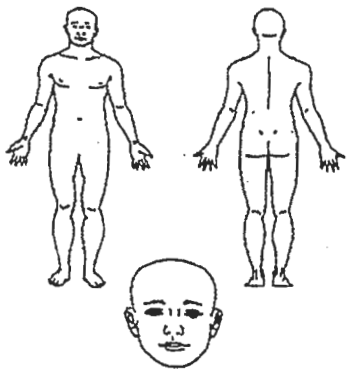
Date of injury ___/___/___

Time of arrival _____

Type of activity at time of injury
- ☐ training/practice
- ☐ competition
- ☐ other _____

Reason for Presentation
- ☐ new injury
- ☐ exacerbated/aggravated injury
- ☐ recurrent injury
- ☐ other _____

Body Region Injured



Region

_____
_____
_____

Nature of Injury/Illness
- ☐ illness
- ☐ bruise /contusion
- ☐ abrasion /graze
- ☐ open wound / laceration / cut
- ☐ sprain eg. ligament tear
- ☐ strain eg. muscle tear
- ☐ inflammation/swelling
- ☐ fracture (including suspected)
- ☐ dislocation /subluxation
- ☐ overuse injury to muscle or tendon
- ☐ head injury
- ☐ cardiac problem
- ☐ respiratory problem
- ☐ loss of consciousness
- ☐ other

_____

Provisional diagnosis/es

_____
_____
_____

CAUSE OF INJURY

Mechanism of Injury
- ☐ slip / trip / fall / stumble
- ☐ struck by other player
- ☐ struck by ball or object
- ☐ collision with other player/referee
- ☐ collision with fixed object
- ☐ fall from height /awkward landing
- ☐ temperature related eg. heat stress
- ☐ gradual onset, no specific mechanism identified
- ☐ 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
- ☐ RICER
- ☐ taping
- ☐ wound care
- ☐ sling / splint
- ☐ CPR / defibrillator / oxygen
- ☐ none given - not required
- ☐ none given - referred elsewhere
- ☐ other _____

Consumables used

_____
_____
_____
_____
_____
_____

Advice Given
- ☐ immediate return unrestricted
- ☐ able to return with restriction
- ☐ unable to return at present time

Referral
- ☐ no referral
- ☐ medical practitioner
- ☐ physiotherapist
- ☐ chiropractor or other professional
- ☐ ambulance transport / hospital
- ☐ other _____

Notes _____

_____
_____
_____
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_____
_____

Treating person
- ☐ medical practitioner
- ☐ physiotherapist
- ☐ nurse / paramedic
- ☐ sports trainer – ☐ level 1 ☐ level 2

_____
Signature of treating person

_____
Printed name of treating person

Time discharged _____

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