SPORTS INJURY REPORT FORM

PERSON INJURED ❑ Player ❑ Team Official ❑ Instructor ❑ Coach ❑ Volunteer ❑ Spectator

Name _____ Gender _____ (M/F) Date of Birth _____ (DD/MM/YY) Age _____

Address _____ City _____ Province _____ Postal Code _____

Height (approx.): Weight (approx.): Years of Experience:

(1) Witness Name _____ Witness Phone Number _____

(2) Witness Name _____ Witness Phone Number _____

INJURY CLASSIFICATION

❑Acute Injury ❑New Injury ❑ Recurrent Injury This Year ❑Recurrent Injury Last Year

❑Recurrent Non Injury ❑Complication of Prior Injury ❑ Other _____

NATURE OF INJURY

❑Laceration ❑ Sprain ❑ Fracture

❑Dislocation ❑Other _____

SYMPTOMS

❑Loss of Feeling ❑Shortness of Breath ❑Dizziness ❑Loss of Consciousness ❑Other _____

Draw in your face on the picture provided.

Mark the area(s) you are experiencing any of the complaint(s) listed above with the appropriate symbols. Mark any areas of radiation. Include all the affected areas.

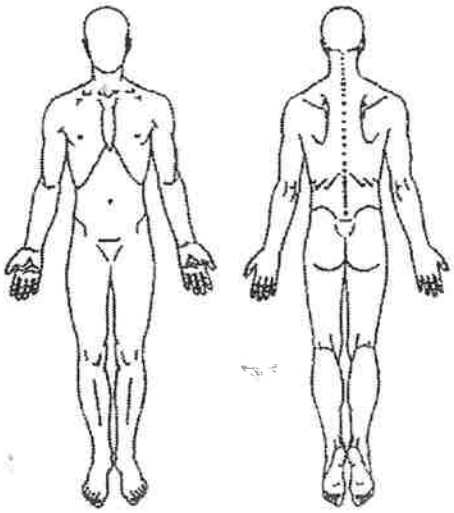
Numbness ••••

Pins & Needles OOO

Burning XXXX

Aching ***

Stabbing ////



Grade the intensity / severity of pain (if any) you are presently experiencing.

None
0
1
2
3
4
5
6
7
8
9
10
Worst

CAUSE OF INJURY EXPLAIN HOW THE ACCIDENT OCCURRED. e.g. WAS ANOTHER PLAYER INVOLVED OR WAS THE INCIDENT INDEPENDENT OF CONTACT.

_____

_____

_____

INITIAL TREATMENT

❑None Given ❑Rice (Rest, Immobilize, Cold, Elevate) ❑Sling ❑Splint ❑Wrapping/Taping ❑Dressing

❑Crutches ❑Manual Therapy ❑CPR ❑Stretch/Exercise ❑None Given – Referred Elsewhere

_____ Name (Please Print)

_____ Signature

_____ Date