



INJURY FORM

1. ATHLETE'S DETAIL

Name_____Phone_____

Address_____

Date of Birth_____Age Group_____Centre_____

2. INJURY DETAILS

Location_____Time_____

Event/Site_____Date_____

What Happened_____

Method of transport off track/site_____

3. ASSESSMENT

i. **Danger** Yes No

Action_____

Response Yes No

Action_____

Airway Yes No

Action_____

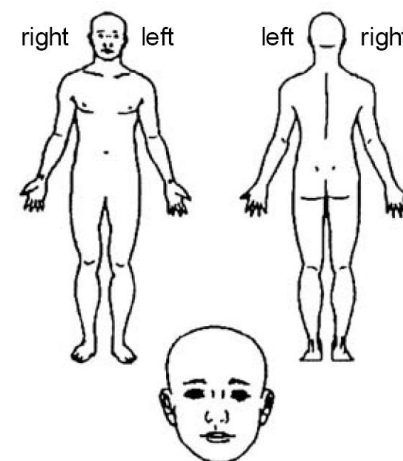
Breathing Yes No

Action_____

Circulation Yes No

Action_____

ii. Area(s) injured (please circle injured areas)



Hard Tissue Soft Tissue Dislocation/Subluxation Skin

Other (please specify)_____

iii. Assessment using TOTAPS

Talk Yes No

Action_____

Observation Yes No

Action_____

Touch Yes No

Action_____

If major injury present, stop assessment here.

Active Movements Yes No

Action_____

Passive Movements Yes No

Action_____

Sports Specific Yes No

Action_____

4. TREATMENT

5. INSTRUCTIONS GIVEN TO ATHLETE

6. REFERRED TO

Hospital Doctor Physiotherapist Other

Specify_____

Transport to referred profession_____

7. COMMENTS

TREATED BY

Name_____

Signature_____

WITNESS

Name_____

Signature_____