

# AUSTRALIAN FOOTBALL INJURY REPORTING FORM - ST PETERS FOOTBALL CLUB

Childs Name: \_\_\_\_\_

Team : \_\_\_\_\_ Division: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Gender: M  F  Venue/area at which injury occurred: \_\_\_\_\_

**Date of Injury** \_\_/\_\_/\_\_

**Type of activity at time of injury**

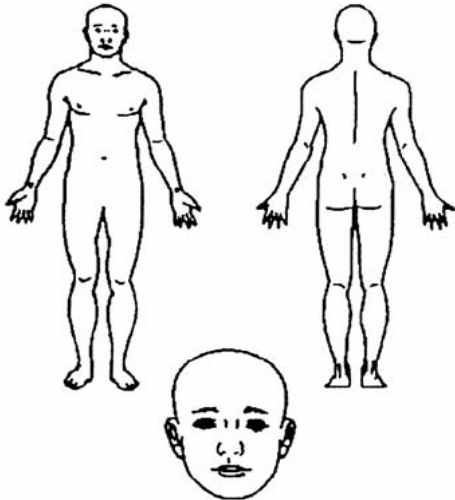
- training/practice
- competition
- other \_\_\_\_\_

**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
- open wound/laceration/cut
- bruise/contusion
- inflammation/swelling
- fracture (including suspected)
- dislocation/subluxation
- sprain eg ligament tear
- strain eg muscle tear
- 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 (eg dislocated finger)
- collision with other player/referee
- collision with fixed object (goal post)
- fall/stumble on same level
- jumping
- landing from jump
- slip/trip
- twisting to pass or accelerate
- overexertion (eg muscle tear)
- overuse
- 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
- massage  manual therapy
- CPR  stretch/exercises
- strapping/taping only
- none given - referred elsewhere
- other \_\_\_\_\_

**Advice Given**

- immediate return unrestricted activity
- 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 \_\_\_\_\_

**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
- physiotherapist
- nurse
- sports trainer
- other \_\_\_\_\_

**Name of treating person**

\_\_\_\_\_

**Signature of treating person**

\_\_\_\_\_

**Today's Date:** \_\_/\_\_/\_\_