Name of patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Sex: Male 🞎Female 🞎

Patient Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Injury: \_\_\_/\_\_\_/\_\_\_ Time \_\_:\_ \_am/pm

Age Group\_\_\_\_\_\_\_\_\_\_

Is the injured person: Player/Referee / Coach / Spectator

Venue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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
* 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Coach/Manager/other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_/\_\_\_/\_\_\_

Please email this form to [medical@saikungstingrays.com](mailto:medical@saikungstingrays.com) or send to ph51852220. If a concussion is suspected the online HKRU form must be completed. https://www.hkrugby.com/forms/injury-report