

## Coaching Staff Injury Report

Patient Name: \_\_\_\_\_

Patient Age: \_\_\_\_\_

Patient Year: \_\_\_\_\_

Sport: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

Body Part Injured: \_\_\_\_\_

Side (R/L): \_\_\_\_\_

Parents Contacted - Yes      No

Activity patient was participating in when athlete was injured:

Subjective Information (What did the patient say happened, did they feel a pop, hear a snap etc.):

Objective information (Was there swelling, bruising, an obvious deformity, could the patient move the body part—If so, how much “all the way”, “partial range of motion”, “no range of motion”, could the patient walk, did he/she have a limp. Etc.):

All Initial Treatments (ice, crutches, stop participation, call 911? Etc.):