

Initial consultation / new injury questionnaire

Player name: _____ **Sex:** Male Female **Age:** _____

Diagnosis of condition / reason for this consultation: _____

Injury type: (please ✓ one box)

- Bone Joint Muscle Tendon Contusion Laceration
 Central/peripheral nervous system Other: _____

Reason for Presentation (please ✓ one box)

- New injury – player has not previously had this type of injury
 Aggravation or exacerbation of a current existing injury that had not fully resolved
 Recurrence of a previous injury that had that had fully resolved (i.e. was pain free)
 Maintenance / preventative / asymptomatic care
 Illness
 Other _____

How long has the player had this condition or pain for: (please ✓ one box)

- 0-7 days 1-4 wks 1-3 mths 3-6 mths 6-12 mths 1-2 yrs 2+ yrs

Please rate the degree of pain the player has for this condition: (circle one number)

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst possible pain

Mechanism of injury: how did the injury occur? (please ✓ one box)

- Contact / physical collision with another player or object. Specify _____
 Non-contact / DID NOT involve physical contact. Specify _____
 Uncertain / the injury gradually developed. Specify _____

Type of activity at time of injury (please ✓ one box)

- Competition. Specify period of game: First Second Third
 Training/practice
 Other _____

If applicable, did the player have to stop playing or training because of injury?

- Yes No

If no, was the player restricted or limited from full participation? Yes No

What other practitioners has the player previously consulted for this condition:

(please ✓)

- None Medical doctor Physiotherapist Massage therapist / Myotherapist
 Chiropractor Osteopath Other: _____

Was referral for advanced imaging required? (please ✓)

- No Yes. Specify: x-ray CT/MRI Ultrasound Other _____

Was referral to another health care provider required? (please ✓)

- No Yes. Specify Medical doctor Ambulance Hospital Physio
 Other: _____

If applicable, was this provided at the event? (please ✓)

- No Yes