

## INJURY LATE PRESENTATION

Date of injury:

Day

Month

Year

Time of injury:

Hour

Minute

(use 24hr clock)

Date of presentation:

Day

Month

Year

Time of presentation:

Hour

Minute

(use 24hr clock)

Reason for presentation:

- Self referral with complaints
- On advice significant other
- Routine screening
- Repatriation
- Professional referral

Intermediate = Advanced

## INJURY LATE PRESENTATION

<b>Date of injury:</b> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	<b>Time of injury:</b> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (use 24hr clock) Hour Minute
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### Reason for presentation:

- Self referral with complaints
- On advice significant other
- Routine screening
- Repatriation
- Professional referral
  - GP
  - Hospital
  - Other caretaker

**Medical care directly after injury:**  No  Yes  Unknown

<p><b>Provider:</b></p> <ul style="list-style-type: none"><li><input type="radio"/> Bystander</li><li><input type="radio"/> Trainer/coach</li><li><input type="radio"/> Medic</li><li><input type="radio"/> Emergency department</li><li><input type="radio"/> Physician</li><li><input type="radio"/> Other</li></ul>	<p><b>Type of initial care provided:</b></p> <ul style="list-style-type: none"><li><input type="radio"/> Education about course of symptoms</li><li><input type="radio"/> CT/MRI</li><li><input type="radio"/> Hospitalisation</li><li><input type="radio"/> Specialized therapies (speech, physical, occupational therapy)</li><li><input type="radio"/> Evaluations (neurological, psychological)</li><li><input type="radio"/> Medication</li><li><input type="radio"/> Other</li></ul>
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