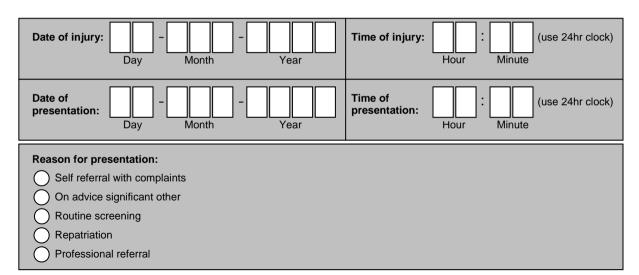
## **Basic**

## INJURY LATE PRESENTATION



## **INJURY LATE PRESENTATION**

Date of injury:  Day  Month  Year	Time of injury: : (use 24hr clock) Hour Minute
Date of presentation:  Day  Month  Year	Time of presentation: : (use 24hr clock) Hour Minute
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	
<b>↓</b>	<del></del>
Provider:	Type of initial care provided:
O Bystander	Education about course of symptoms
Trainer/coach	○ CT/MRI
◯ Medic	Hospitalisation
Emergency department Physician Other	Specialized therapies (speech, physical, occupational therapy)  Evaluations (neurological, psychological)  Medication  Other