



TEE-BALL ASSOCIATION OF WESTERN AUSTRALIA

Name: _____ Given Name: _____ Club: _____ Circle Player/Umpire/Coach/Spectator

Team: _____ Grade: _____ DOB: ____/____/____ Gender: M ☐ F ☐ Venue/area at which injury occurred: _____

Date of Injury	Nature of Injury/Illness	Explain exactly how the incident occurred	Advice Given
Type of activity at time of injury ☐ training/practice ☐ competition ☐ other _____	☐ abrasion/graze ☐ sprain eg ligament tear ☐ open wound/laceration/cut ☐ bruise/contusion ☐ inflammation/swelling ☐ fracture (including suspected) ☐ dislocation/subluxation ☐ strain eg muscle tear ☐ overuse injury to muscle or tendon ☐ blisters ☐ concussion ☐ cardiac problem ☐ respiratory problem ☐ loss of consciousness ☐ unspecified medical condition ☐ other _____	☐ immediate return unrestricted activity ☐ able to return with restriction ☐ unable to return at present time	Referral ☐ no referral ☐ medical practitioner ☐ physiotherapist ☐ chiropractor or other professional ☐ ambulance transport ☐ hospital ☐ other _____
Reason for Presentation ☐ new injury ☐ exacerbated/aggravated injury ☐ recurrent injury ☐ illness ☐ other _____	Provisional diagnosis/es _____ _____ _____	Provisional severity assessment ☐ mild (1-7 days modified activity) ☐ moderate (8-21 days modified activity) ☐ severe (>21 days modified or lost)	Provisional severity assessment ☐ mild (1-7 days modified activity) ☐ moderate (8-21 days modified activity) ☐ severe (>21 days modified or lost)
Body Region Injured Tick or circle body part/s injured & name Body part/s _____ _____ _____	CAUSE OF INJURY Mechanism of Injury ☐ sliding into base ☐ struck by other player ☐ struck by ball, bat or object ☐ collision with other player/umpire ☐ collision with fixed object eg base ☐ fall/stumble on same level ☐ jumping to field ☐ fall from height/awkward landing ☐ overexertion (eg muscle tear) ☐ gradual onset, no specific mechanism identified ☐ slip/trip ☐ temperature related eg heat stress ☐ other _____	Protective Equipment Was protective equipment worn on the injured body part? ☐ yes ☐ no If yes, what type eg mouthguard, ankle brace, taping, glove. _____ _____	Treating person ☐ medical practitioner ☐ physiotherapist ☐ nurse ☐ sports trainer ☐ first aider ☐ other _____
Initial Treatment ☐ none given (not required) ☐ RICER ☐ dressing ☐ sling, splint ☐ crutches ☐ massage ☐ manual therapy ☐ CPR ☐ stretch/exercises ☐ strapping/taping only ☐ none given - referred elsewhere ☐ other _____		Signature of treating person _____ Today's Date: ____/____/____	