

POST-INJURY FORM

NAME: _____

IMMEDIATELY FOLLOWING THE ACCIDENT:

Your initial reaction: Confused Dazed Dizzy Lightheaded Weak

Pain felt right after accident in: Head Neck Upper back Lower back Chest/Rib cage
L shoulder L arm R shoulder R arm Abdomen
Pelvis L buttock L leg R buttock R leg

Did you lose consciousness? Yes No

Emergency care provided: Neck collar Brace Splint

Destination after accident: Hospital Dr. office Home Work School

Who drove you? Ambulance You drove Family member Friend

POST ACCIDENT TREATMENT:

Hospital: _____ Date of visit: _____

Did you have taken: X-rays CAT scan MRI

Treatments administered: Bandages Brace Cast Splint Injection Collar
Hot packs Ice packs Surgery Sutures Oral medication

Recommendations: Rest See a doctor if symptoms persist Take time off from work
Receive no further care Use heat therapy Use ice therapy\

Medications prescribed: Muscle relaxants Anti-inflammatory Pain