

Section 2

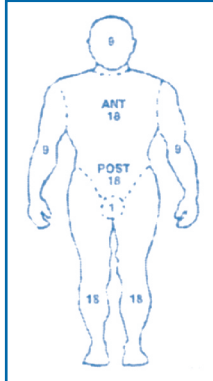
To be completed by the Attending Doctor

Name of patient:
Date of birth:
Please state the dates on which, you attended to the patient in connection with injuries described below
If the patient was admitted to hospital please state
Date of admission:
Time:
Date of discharge:
Time:

Hospital Stamp

A. FRACTURES	
Has the patient sustained one or more fracture(s)?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please supply the following details, for each fracture sustained.	
Type of fracture – e.g. Compound, Complete, Multiple or All Other Fracture Types	
Site of the fracture(s):	
Is there evidence of osteoporosis?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, was this the first diagnosis?	
Are any of the fractures described above, <i>pathological fractures</i> ?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, please give details and state which	

B. DISLOCATIONS FOLLOWING AN ACCIDENT	
Has the patient sustained one or more dislocation(s) requiring surgery under anaesthesia	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please state site of each dislocation	

C. BURNS	
Has the patient sustained a second or third degree burn?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please indicate the area that sustained burns on the diagram.	
	
Please give your assessment of the percentage of body surface which, has been affected by second or third degree burns by reference to the 'Rule of Nine'	
%	

D. ABDOMINAL, THORACIC SURGERY OR CONCUSSION	
Has the patient suffered either of the following:	
(a) Internal injuries resulting in open abdominal or thoracic surgery?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) Concussion characterised by loss of consciousness and some degree of amnesia	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please give details:	

DETAILS OF MEDICAL ATTENDANT	
Name:	
Address:	
Code:	Tel: ()
Date:	Fax: ()
Signed:	
Please note your patient is responsible for payment of any fee in connection with the completion of this form.	