UNIVERSAL CHIRURGEON'S INCIDENT REPORT LONG FORM 2 PAGES

EVENT GROUP DATE

CONSENT: I HAVE BEEN INFORMED OF THE TRAINING LEVEL OF THE TREATING CHIRURGEON(S) AND HEREBY GIVE CONSENT FOR:
☐ MYSELF ☐ MY CHILD TO BE TREATED

PATIENT/GUARDIAN SIGNATURE (LEGAL NAME)

WITNESS SIGNATURE (LEGAL NAME)

REFUSAL: I HAVE BEEN INFORMED OF THE TRAINING LEVEL OF THE TREATING CHIRURGEON(S). I UNDERSTAND THAT FIRST AID HAS BEEN RECOMMENDED FOR:
☐ MYSELF ☐ MY CHILD
WHICH I REFUSED. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO SEEK APPROPRIATE MEDICAL CARE. I RELEASE THE CHIRURGEON(S) AND ALL S.C.A., Inc. AUTHORITIES FROM ANY AND ALL LIABILITY FOR ANY ILL EFFECTS THAT MAY RESULT FROM MY DECISION TO REFUSE AID.

PATIENT/GUARDIAN SIGNATURE (LEGAL NAME)

PLEASE PRINT

BADGE #

PT LEGAL NAME	TIME OF INCIDENT ADULT ☐ MINOR ☐
PT S.C.A., Inc. NAME	ALLERGIES
GUARDIAN LEGAL NAME	
ADDRESS	MEDICATIONS
TRAUMA ☐ ILLNESS ☐ M ☐ F ☐ DOB / /	MEDICAL HISTORY
PHONE ( ) - RECURRING INJURY? Y ☐ N ☐	

INJURY TYPE KITCHEN ☐ DANCING ☐ COMBAT ☐ CAMPING ☐ OTHER ☐

IF COMBAT: SINGLE ☐ MELEE ☐	IF KITCHEN: CUT ☐ BURN ☐ CRUSH ☐ OTHER ☐
INJURED BY: WEAPON ☐ TERRAIN ☐ ARMOR ☐	NOTES:
WEATHER ☐	
IF FROM WEAPON, WHAT TYPE: SS ☐ WS ☐ TW ☐	
BS ☐ DGR ☐ PA ☐ SPEAR ☐ GS ☐ CBT ARCH ☐	
RAPIER ☐ ARCHERY ☐ UNKNOWN ☐ OTHER ☐	

COMPLAINT:

ACTION TAKEN:

ADVICE GIVEN: ICE ☐ REST ☐ FLUIDS ☐ SEE DOCTOR ☐ OTHER ☐

ATTENDING CHIRURGEON(S)

S.C.A., Inc. NAME	PRINT LEGAL NAME	LEGAL SIGNATURE	PHONE NUMBER
			( ) -
			( ) -
			( ) -
			( ) -
CIC -			( ) -

VITAL SIGNS

TIME	RESPIRATION	PULSE	B/P	L.O.C.	R PUPILS L	TEMP.
	☐ REGULAR ☐ SHALLOW ☐ LABOURED ☐	☐ REGULAR ☐ IRREGULAR		☐ ALERT ☐ VOICE ☐ PAIN ☐ UNRESP	☐ NORMAL ☐ ☐ DILATED ☐ ☐ CONSTRIC ☐ ☐ UNRESP ☐	
	☐ REGULAR ☐ SHALLOW ☐ LABOURED ☐	☐ REGULAR ☐ IRREGULAR		☐ ALERT ☐ VOICE ☐ PAIN ☐ UNRESP	☐ NORMAL ☐ ☐ DILATED ☐ ☐ CONSTRIC ☐ ☐ UNRESP ☐	
	☐ REGULAR ☐ SHALLOW ☐ LABOURED ☐	☐ REGULAR ☐ IRREGULAR		☐ ALERT ☐ VOICE ☐ PAIN ☐ UNRESP	☐ NORMAL ☐ ☐ DILATED ☐ ☐ CONSTRIC ☐ ☐ UNRESP ☐	
	☐ REGULAR ☐ SHALLOW ☐ LABOURED ☐	☐ REGULAR ☐ IRREGULAR		☐ ALERT ☐ VOICE ☐ PAIN ☐ UNRESP	☐ NORMAL ☐ ☐ DILATED ☐ ☐ CONSTRIC ☐ ☐ UNRESP ☐	

☐ PT WILL SEEK APPROPRIATE FOLLOW-UP CARE	☐ PT TRANSPORTED TO (FACILITY)
WHERE?	BY WHOM?
TIME LEFT SITE?	HOW?

COMMENTS/PROGRESS/ADDITIONAL TREATMENT:

NOTES/COMMENTS/ADDITIONAL NAMES RELATIVE TO REPORT:

PLEASE MAIL TO THE REGIONAL CHIRURGEON WITH EVENT REPORT FORM