



# RUGBY OREGON INJURY REPORT

**Athlete's Name:** \_\_\_\_\_ **Evaluation Date:** \_\_\_\_\_

**Team:** \_\_\_\_\_ **Coach:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

**Athlete's #:** \_\_\_\_\_ **Parent:** \_\_\_\_\_ **P.C.P.:** \_\_\_\_\_

**Body Part: R L** \_\_\_\_\_ **Dr. #:** \_\_\_\_\_

**Location/Surface Injury Occurred:** \_\_\_\_\_

**History:** (What did that athlete tell you?)

**Observation:** (What does it look like?)

**Palpation:** (What does it feel like?)

**Special Tests:** (Range of Motion, Strength, Fracture Tests, etc.)

**Assessment:** \_\_\_\_\_ **Referral? Y N** Dr. \_\_\_\_\_

911  ER: \_\_\_\_\_ UC: \_\_\_\_\_

**Initial Treatment Plan:**

**ATC Signature:** \_\_\_\_\_

Print Name Below

Evaluation Discussed with:  Coach  Parent  
**Fax completed form to: Jenn Heinrich @ 503 287 0371**