

Trauma Report

Name of Injured: _____ D.O.B. _____

Date of Injury: _____ Time of Injury: _____

Location of Injury: _____

(i.e. park, school, home.)

Please give a brief account of how the accident/Injury occurred:

Signature of person completing report: _____

Please print your name: _____

Relationship to Patient: _____

Today's Date: _____