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Section 1 - Current Injury

1. Side of fracture : Right Left 2. Date of injury (dd/mmm/yyyy): 3. Time of injury (24hour): 4. Was the patient transferred from another hospital? Yes No

5. Mechanism of injury (Tick one box only)

Low energy fall (e.g. while standing or walking)

High energy fall (e.g. while running or from a height of more than 2 metres)

Road traffic accident

Crush injury (e.g. machinery or heavy weight)

Contact sports injury

Other (details):

6. Does the patient have any other significant injuries? Yes No

If Yes, tick all that apply:

Yes No

Head Chest Abdomen Pelvis

Yes No

Spine Upper limbs Ipsilateral limb Contralateral limb

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Section 2 - Medical History

1. Height (cm)

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2. Weight (kg)

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3. Before the injury was the patient taking any of the following?

Regular analgesia e.g. Paracetamol, anti-inflammatory

Yes

No

Other Medication

Yes

No

If Other, please give details including dose and frequency;

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.....

4. Has the patient been diagnosed with diabetes?

Yes

No

5. Is the patient currently a regular smoker?

Yes

No

If Yes, how many cigarettes per day?

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and for how many years?

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6. How many units of alcohol does the patient drink in a normal week? (Tick one box only)

Please use the Alcohol Units poster from the expanding trial documents folder for guidance on units

0-7 units

8-14 units

15-21 units

More than 21 units

7. Has the patient had previous problems with the lower limb on the injured side?

Yes

No

If Yes, tick all that apply:

Previous fracture

Yes

No

Ligament, tendon or nerve injury

Yes

No

Arthritis

Yes

No

Other

Yes

No

If Other, please give details

Research Associate signature

Date completed (dd/mm/yyyy):

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