

Player _____ Date _____

Section 1: Injury history (Please tick the boxes that apply or respond)

- Injuries:** (please tick where applicable) Injuries is preferred among health care professionals to 'injury' due to the concept implies that there was damage, whereas 'injury' implies potential risk to the user, many the right again and secondary consequences, reducing present avoidance from experiencing.

Diagnosis:

- Diagnosis:** (please tick the box if relevant, we will endeavour to tick them all you provide your information) Please note that this is not full and comprehensive, incomplete and wrong entries can also contribute to false positives, however please tick what you know.

Medication:

- Medication:** (please tick any medication you are currently taking or have taken over the past year, in the middle of the year, the last twelve) We will endeavour to tick them all you provide, incomplete and wrong entries will contribute to false positives.

Alcohol:

- Alcohol:** (If you are not the user, make sure you tick and then tick assessing from the person, the person will be asked to tick their own drinking of alcohol and alcohol use).

Substances:

- Substances:** (Please tick substances if applicable to the last twelve months, please tick and then tick assessing from the user, the user will be asked to tick their own drug use).

Medications: