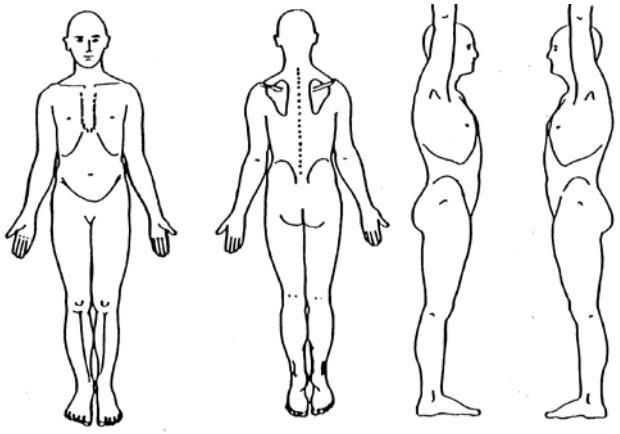
Sound Practice

Supporting sustainable careers in orchestral musicians through Occupational Health and Safety initiatives

Triage Assessment Form

Date:	**D.O.B:**
Name:	**Instrument:**
Date of Injury:	**Where injury occurred:**
Area of injury:  Acute / Chronic recurrent / Chronic	**Area of injury (face and hand detail):**  Acute / Chronic recurrent / Chronic
Current History:	**Relevant Past History:**
Observation:	**Impression of injury (provisional diagnosis):** **Was injury preventable? Y / N ……** **Performance-related? Y / N ……**
Affecting playing?: Y / N Specify:	**Advice given:**
Further referral?: Y / N Specify:	**Consent to Follow-Up? Y / N** **Email/Phone: ……..** **Examined by:**