


Patient Label: _____	Today's Date & Time: _____ Injury Date & Time: _____
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Mechanism of Injury: _____	Past Medical History: _____
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Examination: 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> </tr> </thead> <tbody> <tr> <td>Able to weight bear?</td> <td></td> <td></td> </tr> <tr> <td>Medial Malleolus tender?</td> <td></td> <td></td> </tr> <tr> <td>Proximal fibula/tibia tender?</td> <td></td> <td></td> </tr> <tr> <td>Base of 5th Metatarsal tender?</td> <td></td> <td></td> </tr> <tr> <td>Calcaneus tender?</td> <td></td> <td></td> </tr> <tr> <td>Midfoot Tender?</td> <td></td> <td></td> </tr> <tr> <td>Achilles tendon intact?</td> <td></td> <td></td> </tr> <tr> <td>Normal sensation?</td> <td></td> <td></td> </tr> <tr> <td>Distal Pulses?</td> <td></td> <td></td> </tr> <tr> <td>CRT <2s</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	Able to weight bear?			Medial Malleolus tender?			Proximal fibula/tibia tender?			Base of 5 th Metatarsal tender?			Calcaneus tender?			Midfoot Tender?			Achilles tendon intact?			Normal sensation?			Distal Pulses?			CRT <2s		
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X-Ray Result (if required): _____	Management: _____
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	YES	NO	Print Name: _____ Grade: _____ Signature: _____
Virtual fracture clinic referral?			