

Date patient arrived

 / /

Name

ID Number

Date of Birth

**SURGICAL SPECIALTY**

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|  |
| --- |
| **INCIDENT: mechanism and circumstances** |
|  |
| **INCIDENTAL information: past history and personal circumstances** |
|  |
| **INJURIES: precise anatomical descriptions** |
| **INJURIES that relate to your specialty** *(you may include important negative findings)* | **Consultant:** |  |
|  |
| **OTHER INJURIES in brief** (*these will be described in detail by the appropriate specialties*) |
|  |



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| **INTERVENTIONS** |
| **COMPLETED OPERATIONS** (*with surgeon’s name and grade*) **& other physical interventions** (*e.g. debridement or suture*) |
|  |
| **PLANNED OPERATIONS & other physical interventions** (*with time scale and surgeon responsible*) |
|  |
| **ADJUNCT TREATMENT** (*e.g. instructions for anticoagulants, antibiotics, drain management, feeding and mobilising*) |
|  |
| **Comments and issues** |
|  |

Grade

Surgeon completing sheet

 / / :

Signature

Date & time