

# Injury Recall

Name \_\_\_\_\_ Date \_\_\_\_\_

- ACL Injury \_\_\_\_\_
- Dislocated Joint \_\_\_\_\_
- Fractures \_\_\_\_\_
- Head injury \_\_\_\_\_
- Kicked/punched \_\_\_\_\_
- Lost consciousness \_\_\_\_\_
- Meniscal injury \_\_\_\_\_
- Root canal \_\_\_\_\_
- Sexual assault \_\_\_\_\_
- Sprains \_\_\_\_\_
- Tailbone injury \_\_\_\_\_
- Whiplash \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

# Scar location(s)

(Include: c-section, implants, cosmetic surgeries, episiotomy, surgical, piercings, burns etc.)

- # 01 \_\_\_\_\_
- # 02 \_\_\_\_\_
- # 03 \_\_\_\_\_
- # 04 \_\_\_\_\_
- # 05 \_\_\_\_\_

- # 06 \_\_\_\_\_
- # 07 \_\_\_\_\_
- # 08 \_\_\_\_\_
- # 09 \_\_\_\_\_
- # 10 \_\_\_\_\_