

Trauma Index

Client _____

Date _____

Name: _____

Trauma Index

Date: _____

Instructions: Place an X on the line following the question which indicates the most applicable response to the question.

“Since your 18th birthday:

	Yes	No
Have you had any fractures or dislocations to our bones or joints ?	_____	_____
Have you been injured in a road traffic accident?	_____	_____
Have you injured your head?	_____	_____
Have you been injured in an assault or fight (excluding injuries during sports)?	_____	_____
Have you been injured after drinking?”	_____	_____