Sports injury visit checklist

Bring a short record of your activity, symptoms and goals.

Name _____ **Visit date** _____

01 **My activity and goal:**

02 **When and how symptoms started:**

03 **Recent changes in training, work or recovery:**

04 **Symptoms during activity, afterwards and the next morning:**

05 **Swelling, weakness, locking, giving way or numbness:**

06 **Daily activities affected:**

07 **Medicines, allergies and relevant health conditions:**

08 **Previous treatment and existing reports:**

09 **My questions about diagnosis, options, uncertainty and review:**

10 **Next step or follow-up to discuss:**

This is a discussion aid, not a diagnosis or return-to-sport clearance.
Seek urgent help for warning signs.