



Fracture Care

Name			Age	Ht	Wt
Dominant Hand	RT or LT	Today's Date	Date of Injury		
Part of the Body					
History of Injury					
Initial Treatment and Date					
Pain Medications					
Have X-rays been taken? Where and when?					
Previous fractures or orthopedic history?					
Primary Care Physician					
Medication Allergies?					
Is this injury work or auto related?					