

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Minor Wound  
Proforma**

Patients Name: \_\_\_\_\_  
D.O.B: \_\_\_\_\_  
Hospital Number: \_\_\_\_\_

**All Fields MUST be completed:**

Is the injury unwitnessed? Yes/No  
 Has the child been involved in an RTC? Yes/No  
 Is the child under 1 year of age? Yes/No  
 If under 2 years, has the child attended with previous injury Yes/No

If YES to any of the above **Do NOT** proceed with See and Treat, book in to be seen by Clinician.  
If No to all, answer the following questions.

**Who is providing the history?**  
\_\_\_\_\_

**Who witnessed the injury?**  
\_\_\_\_\_

**When did the injury happen & details of the injury?**  
\_\_\_\_\_

**If Head Injury:**

Loss of consciousness: Yes/No

Circle: A V P U

Pupil response & size:

HR +/- BP:

**Past Medical History:**

\_\_\_\_\_

**Drug History:**

\_\_\_\_\_

**Allergies:**

\_\_\_\_\_

**Immunisation (Including TTB):**

\_\_\_\_\_

**Are there any CP/NAI concerns:** Yes/No

**Describe the wound: Size, depth, location:**

\_\_\_\_\_

**Treatment (Medication and closure) & Disposal (Include information leaflet):**

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_