Indian Fracture Registry

Registry Reference No: _____

Follow-up Assessment Form

Date of Assessment: ☐☐/☐☐/☐☐ (DD MM YY)

All fields are Mandatory unless otherwise indicated by *

PATIENT DETAILS			
Patient Name		**Date of Birth:** ☐☐/☐☐/☐☐ (DD MM YY)	
Mobile No:	☐☐☐☐☐☐☐☐☐☐	**Age (Years):** ☐☐	
City / Village		**Pin code:** ☐☐☐☐☐☐	
Gender	☐ Female ☐ Male ☐ Transgender		
Identity Type*	☐ Aadhar ☐ Driving License No. ☐ Voter ID ☐ Passport		
Identity Number*			

DOCTOR DETAILS			
Doctor Name			
Hospital Name			
WBOA Number:		**MCI Number:**	

FOLLOW UP ASSESSMENT					
Assessment After	☐ 1 month	☐ 3 months	☐ 6 months		
Fracture Status	☐ United	☐ Not United	☐ Uniting	☐ Delayed Union	
Range of movement (% of normal ROM)	☐ 0%	☐ 25%	☐ 50%	☐ 75%	☐ 100%
Activities of the day (% of normal daily activity)	☐ 0%	☐ 25%	☐ 50%	☐ 75%	☐ 100%
Adverse Incidents	☐ Infections	☐ Retrauma	☐ Weight Bearing Against Advice		
	☐ Poor Alignment	☐ Neuro-Vascular Damage			
Weight Bearing / Normal Activity Given	☐ Yes	☐ No			
Mortality	☐ Yes	☐ No			

Indian Fracture Registry

Initial Assessment Form

All fields are Mandatory unless otherwise indicated by *

Date of Assessment: ☐☐/☐☐/☐☐
DD MM YY

FRACTURE INCIDENT			
Date of the Incident		**Distance from Place of the Incident (in km)**	
Multiple Fractures	☐ Yes ☐ No If **Yes#**, please mention the number of fractures: _____		
Type of Incident	☐ Road Accident ☐ Fall ☐ Sports Injury ☐ Assault ☐ Disease		

 # In case of multiple fractures, please fill multiple forms for each fracture.

PATIENT DETAILS		
Patient Name		**Date of Birth:** ☐☐/☐☐/☐☐ DD MM YY
Mobile	☐☐☐☐☐☐☐☐☐☐	**Age (Years):** ☐☐
City / Village		**Pin code:** ☐☐☐☐☐☐
Gender	☐ Female ☐ Male ☐ Transgender	
Identity Type*	☐ Aadhar ☐ Driving License No. ☐ Voter ID ☐ Passport	
Identity Number*		
Patient Hospital ID		
Smoker	☐ Yes ☐ No	

DOCTOR DETAILS			
Doctor Name			
Hospital Name			
WBOA number:		MCI Number:	

ASSESSMENT	
Fracture Location	Arms ☐ Clavicle (Cl) ☐ Scapula (Sc) ☐ Humerus (Hu) ☐ Radius (Ra) ☐ Ulna (Ul) ☐ Carpus (Ca) ☐ Meta-carpus (MCa) ☐ Phalanges (Ph) Leg ☐ Femur (Fe) ☐ Patella (Pa) ☐ Tibia (Ti) ☐ Fibula (Fi) Ankle ☐ Talus (Tal) ☐ Tarsal (Tar) ☐ Meta-tarsal (MTar) Ribs ☐ Spine ☐
Which Part	☐ Upper ☐ Middle ☐ Lower
Which Side	☐ Left ☐ Right
Type of Fracture	☐ Avulsion ☐ Comminuted ☐ Open ☐ Closed ☐ Greenstick ☐ Hairline ☐ Compression ☐ Complicated
Neural Damage	☐ Yes ☐ No
Vascular Damage	☐ Yes ☐ No

TREATMENT	
Treatment advised	
Conservative	☐ Plaster-Cast ☐ Splint & Sling ☐ Brace ☐ Pain Relief
Operative	Operation Date _____ Material Used ☐ Plate ☐ Screw ☐ Nail ☐ Other Anaesthesia ☐ Local ☐ Regional ☐ General

REMEMBER! Make a note of the registry reference number after you update the data in the system and please update the reference no in this box for record keeping →	**Registry Reference no:**