One Bullet Story – Intake Form

Investigator: _______________________________ Date: _______________
Location: ____________________ Hospital: _______________________

Informed consent, using standardized form, obtained from patient and/or proxy family

Data sources used:  Patient and or family ☐  Hospital record ☐  Morgue record ☐
Police/military ☐  Other: _______________________________

PERSONAL INFORMATION

Patient name: _______________________________ Age (yrs): _________

Details about occupation, socio-economic status, annual income, and support networks, etc: _______________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

INCIDENT INFORMATION

Location (e.g. home, street, work, war front): _______________________________
___________________________________________________________________________

Circumstances (e.g. crime related, combat, unintentional, suicide): _______________
___________________________________________________________________________
___________________________________________________________________________

Weapon used (e.g. type, make, ammunition, how obtained): _______________________
___________________________________________________________________________

Details about city/country crime or conflict status, with statistics if possible (use attached sheets if necessary): 
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
MEDICAL INFORMATION

Patient deceased due to incident ☐ OR after __________ days post-incident ☐ OR living ☐

Details of injuries sustained (due to incident, complications, disability):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Details of medical interventions (including operations, imaging, medications, physiotherapy, prosthetics, etc):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Approximate total cost of medical interventions up to now (in US dollars): $____________

Impact of injury and medical interventions on lifestyle, perception of self, perceptions by others, family, community, employment, etc: _________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Photographs attached of patient before incident YES ☐ NO ☐
Photographs attached of patient after incident YES ☐ NO ☐
Photographs attached of medical interventions YES ☐ NO ☐
Photographs attached of imaging (X rays, CT, etc) YES ☐ NO ☐
Photographs attached after medical interventions YES ☐ NO ☐

Other details: ____________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________