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: _____

_____

_____

_____

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

Other details: _____

_____

_____

_____

_____