Department of Psychological Therapy, Queen Victoria Hospital NHS Foundation Trust

Trauma Assessment Form

Patients Name _____ Hospital Number _____ Consultant _____

Address _____

_____

_____

Date of Injury _____ Today's Date _____

The nurse has given you this form to complete as you have received an injury following a traumatic incident. The purpose of the form is to assess your emotional response to that trauma. The following six questions require a yes or no response, there are no right or wrong answers – just put a tick in the box (YES or NO) that matches your experience.

	Question	YES	NO
1	At the time of the injury were you suffering from depression, anxiety or stress?		
2	Have you had previous trauma? e.g. accidents, hospitalisation, divorce, bereavement		
3	Did you think your life was at risk?		
4	Do you think about the incident most of the time?		
5	Do you have pictures about the incident popping into your mind unexpectedly?		
6	Do you avoid situations or thoughts linked to the incident?		

Please give your completed form to a member of nursing staff to receive a copy of

Reactions to Trauma Leaflet

The form will be sent to the Department of Psychological Therapy and assessed. A representative from the department may contact you to gain further information. However, if you think it would be helpful to speak to someone about your injury, you can contact the department directly; the contact details are provided on the reactions to trauma leaflet.

Signature of Patient on receipt of Reactions to Trauma Leaflet

_____ Date _____

Thank you for completing the form.