

**Sidney Central School District
Referral to Athletic Trainer**

Name: _____ Grade: _____ DOB: _____

Sport: _____ Level: _____ Date of referral: _____

Person making the referral: Coach / Parent / Student / Nurse / Other: _____

Parent/Guardian contacted regarding medical concern: Yes / No Date: _____

Parent/Guardian gave consent for student to be referred to AT: Yes / No Consent was: In writing / verbal

Referring Person – Please complete

Date of Injury (if you are not sure approximate):

What part of the body is affected?

How was the student hurt? /Mechanism of injury:

Student's Chief Complaint:

What signs of injury/pain/disability are they displaying:

Any past medical history regarding this body part or this type of injury? Yes / No

Has the student already been seen by a medical provider and diagnosed? Yes / No

If yes, what was the diagnosis?

If yes, what was the treatment and/or activity restriction?

Athletic Trainer – Please complete

What is your assessment? Sprain / Strain / Overuse / Contusion / Other:

What is your treatment plan? Ice / Heat / Activity as tolerated / Gradual RTP / Rehab Exercises / Other:
Frequency:

Referral: Yes / No If yes, to whom?

Activity Level: No activity / limited activity / Full activity Comments/Specifics:

Athletic Trainer Signature:

Date: