



ST. FRANCIS HIGH SCHOOL
 SPARTAN ATHLETIC TRAINING
 2130 W. ROOSEVELT ROAD
 WHEATON, IL 60187
 FAX (630) 933-9961



PHYSICIANS REFERRAL

Name: _____ Date: _____ Grade: _____ Sport/Activity: _____

This student has been seen in the Athletic Training Room with: _____

To Be Filled Out By Parent/Guardian

I _____ give _____ permission to release medical information
 for _____ related to his/her _____ injury/illness to become a
 confidential record of the St. Francis High School Athletic Department. _____
 Parent/Guardian Signature _____ Date _____

Please provide the following information so this individual may be treated according to your instructions

Diagnosis: _____

Recommended Activity	Recommended Therapy (check all that apply)
<input type="checkbox"/> Complete Rest ___ Weeks ___ Days	<input type="checkbox"/> Ice <input type="checkbox"/> Flexibility
<input type="checkbox"/> Non-contact workout ___ Weeks ___ Days	<input type="checkbox"/> Moist Heat <input type="checkbox"/> Bike
<input type="checkbox"/> Full contact WITH restrictions: _____	<input type="checkbox"/> Electrical Stimulation <input type="checkbox"/> Jog/Run
_____	<input type="checkbox"/> Ultrasound <input type="checkbox"/> Agility Drills
_____	<input type="checkbox"/> Combination (E-stim/US) <input type="checkbox"/> Lower Body Workouts
<input type="checkbox"/> Full contact NO restrictions	<input type="checkbox"/> Tape/Brace <input type="checkbox"/> Upper Body Workouts
<input type="checkbox"/> Release to the Athletic Trainer/Treat as needed	<input type="checkbox"/> Progressive Resistive Exercise
<input type="checkbox"/> Physical Education Participation	<input type="checkbox"/> Other: _____

Special Instructions: _____

Date of next appointment (if necessary): _____ Office Phone #: _____

Printed name of Physician/stamp: _____ Fax#: _____

Signature of Physician: _____

Please return this form with student, or by fax, as they will be unable to participate without the completed form.

Thank You,
 Sarah Anderson, ATC
 Athletic Trainer
 Office: (630) 668-5800 ext 1211
 Cell: (630) 742-7009

ATTENTION PARENT/STUDENT:
 YOU **MAY NOT** BE ALLOWED TO PARTICIPATE WITHOUT THIS FORM COMPLETE AND ON FILE
 WITH ATHLETIC DEPARTMENT