~ OLSH Athletic Training ~

Our Lady of the Sacred Heart High School

1504 Woodcrest Avenue, Coraopolis, PA 15108-3054
Phone: (412) 264-5140 • FAX: (412) 264-4143
www.olsh.org

Name:_____ Sport:_____

Date of Birth:_____ Date of Injury:_____

Parent/Guardian:_____

Phone: (H)_____ (W)_____ (C)_____

Family Physician: _____Office #:_____

Assessment:

_____

_____

_____

_____

Referring ATC:_____ Date:_____

ATC Email:_____

FOR PHYSICIAN'S USE ONLY!
Physician Referral for Athletic Training Services

Diagnosis:_____

_____

Treatment Plan of Care:_____X/WK for_____WK(S).

_____

PLAYING STATUS: ☐NO RESTRICTIONS ☐NON-CONTACT
☐OUT for _____ DAYS _____WKS ☐DR. VISIT FOR RELEASE
☐MAY PARTICIPATE WITH TAPING/BRACING/PADDING
☐SPECIAL INSTRUCTIONS:_____

FOLLOW UP: ☐UNNECESSARY ☐AS NEEDED ☐M/D/Y:_____

Physician Signature:_____ Date:_____