



Westwood High School
Warrior Sports Medicine
 12400 Mellow Meadow
 Austin, TX 78750
 Fax: (512) 464-4030



Physicians Referral

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

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

To Be Filled Out By Parent / Guardian

I _____ give _____ permission to release medical information for
Parent/Guardian Name (print) Physician &/or Clinic Name
 _____ related to his/her _____ injury/illness to become a confidential
Athlete Name Injury/Illness
record of the Westwood High School Sports Medicine 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)
_____ Complete Rest _____ Weeks _____ Days	_____ Cold / Hot Whirlpool _____ Flexibility / ROM
_____ Non-contact workout _____ Weeks _____ Days	_____ Contrast Bath _____ Bike
_____ Full contact WITH restrictions: _____	_____ Ice _____ Jog / Run
_____	_____ Moist Heat _____ Agility Drills
_____	_____ Game Ready Cold _____ Lower Body Workout
_____	_____ Muscle Stimulation _____ Upper Body Workout
_____ Full contact NO restrictions	_____ Ultrasound _____ Tape/Brace
_____ Release to Athletic Trainer / Treat as needed	_____ Combination (US/Stim.) _____ Progressive Resistive Exercise
	_____ Other: _____

Any Special Instructions/Limitations: _____

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

Printed name of physician/stamp: _____ **Fax #:** _____

Signature of physician: _____

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

Thank You,

John G. Horsley M.Ed, ATC, LAT, CSCS
 Athletic Trainer
 Office: 512-464-4053
 Cell: 512-789-1480

Mollie Mauritz M.S., ATC, LAT
 Athletic Trainer
 Office: 512-464-4120
 Cell: 817-564-1022

ATTENTION PARENT / STUDENT:

YOU MAY NOT BE ALLOWED TO PARTICIPATE WITHOUT THIS FORM COMPLETE AND ON FILE WITH THE SPORTS MEDICINE DEPARTMENT