Sports Conditioning and Rehabilitation

Injury Consultation Consent Form

TODAY'S DATE_____ INSURANCE and TYPE _____

NAME_____ DOB_____PHONE_____

ADDRESS_____

E-MAIL ADDRESS_____

EMERGENCY CONTACT_____PHONE_____

*REFERRED BY*_____

HIGH SCHOOL/COLLEGE:_____GRADE:_____

COACH:_____SPORT(s):_____

CLUB COACH INFORMATION_____

I, _____hereby request and consent to the consultation for the following physical concern (injury):_____; and hereby consent to the performance of specific testing and therapeutic procedures as deemed necessary and as performed by a an athletic trainer and/or physical therapist at Sports Conditioning and Rehabilitation of California, Inc. and their associates for the aforementioned problem. I understand, and am informed that, while extremely rare, there are some risks associated with testing procedures and therapeutic intervention. I understand that the purpose of the testing and therapeutic procedures will be explained to me prior to receiving treatment and that I may refuse any therapeutic procedure or treatment at any time.

I hereby acknowledge that I am a willing participant in this consultation; and understand and agree to the information presented above.

_____DATE_____
Participant Signature

_____DATE_____
Signature of parent/guardian if participant is under 18 years old

871 S. Tustin Street Orange, California 92866
Phone: 714-633-7227 Fax: 714-633-6092
www.scarfitness.com info@scarfitness.com

Injury Consultation

To be completed by SCAR staff

PT Eligible? (Please circle) YES NO

Today's Date:_____ DOI: _____

Body Area: Head Neck U.E. L.E. Trunk

Body Part: _____ Side: Left Right Bilateral Midline

History: _____

_____

_____

MOI:_____ Acute Subacute Reinjury Chronic

Inspection: Swelling Redness Bruising Deformity
Other:_____

Palpation: _____

_____

AROM:_____

PROM:_____

RROM:_____

Special Tests:_____

_____

Injury Assessment (Type/Side/Severity):_____

Injury Management Plan:_____

Program Recommendation: ____ Physical Therapy ____ Treatment Program ____ SCIP

AT/PT Initials: _____

Notes:

Rev. 07/15

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