

SPORTS CONDITIONING AND REHABILITATION
INJURY CONSULTATION CONSENT FORM

DATE _____

NAME _____ AGE: _____ PHONE _____

ADDRESS _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

REFERRED BY _____

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.

Participant Signature

DATE

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

DATE

Office use only

AT/PT initials: _____

Consultation Outcome: _____

Recommendations:

PT: _____ SCIP: _____ Physician Referral: _____ RTP: _____ Other: _____

SPORTS CONDITIONING AND REHABILITATION
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