



The Woodlands College Park High School
 Cavalier Sports Medicine Department
 3701 College Park Drive
 The Woodlands, Texas 77384



PHYSICIAN REFERRAL

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

The above named student has been seen in the Training Room with:

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 Whirlpool	____ Flexibility/ROM
____ Non-contact workout–Light ____ Weeks ____ Days	____ Warm Whirlpool	____ Bike/Stairmaster
____ Non-contact workout–Vigorous ____ Weeks ____ Days	____ Contrast	____ Jog/Run
____ Full contact WITH restrictions: _____	____ Ice	____ Agility Drills
_____	____ Moist Heat	____ Lower Body Workout
_____	____ Ultrasound	____ Upper Body Workout
____ Full contact NO restrictions	____ Muscle Stimulation	____ Brace
____ Treat as needed	____ Combination (US/Stim)	____ Tape
	____ Progressive Resistive Exercises	
	____ 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 referral sheet with the student as they are unable to participate without a physician's release.

Thank You,

Jason McDonald, LAT
 Lead Athletic Trainer
 Office: 936-709-3160

Jolene Richardson, ATC, LAT
 Athletic Trainer
 Office: 936-709-3161

Alton "TJ" Burns, LAT
 Athletic Trainer
 Office: 936-709-3163