

# PHYSICIAN REFERRAL/PHYSICIAN RELEASE FORM

Athletes Name: \_\_\_\_\_ Date: \_\_\_\_\_

The above named athlete was hurt while playing sports for Hobart High School. He/She has been referred to you for a medical evaluation. Below is an assessment of the injury that the athlete has discussed with one of the Licensed Athletic Trainers.

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Athletic Trainers Signature: \_\_\_\_\_

Please include a diagnosis, prognosis, and estimated time of return.

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X-Rays: Yes/No Findings \_\_\_\_\_

Medication: \_\_\_\_\_

Physical Therapy: Athletic Training Room/Outpatient Clinic: \_\_\_\_\_

Therapy Orders: \_\_\_\_\_

Athlete is: Not Released

Released for drills/individual work. NO CONTACT

Released-With restrictions \_\_\_\_\_

Released-No restriction

Physician Signature: \_\_\_\_\_

Follow-Up Appointment: \_\_\_\_\_

Any questions or comments please feel free to contact the Athletic Training Department at Hobart High School at 942-3100 ext. 348. Thank you for your time and dedication in providing athletic health care to the athletes at Hobart High School.

Mark Leto, ATC/L  
Head Athletic Trainer

Chris Drobac, ATC/L, PTA  
Assistant Athletic Trainer

Dan Merrill, ATC/L  
Assistant Athletic Trainer