

Upperclassmen: Please have your physician complete this form if you are being treated for an injury or you had a significant injury which required care of a specialist or required special tests (i.e., MRI, bone scan). Please include reports on all x-rays, MRI's, bone scans and any other diagnostic studies as well as actual films.

## URSINUS COLLEGE - Sports Medicine Referral Form

Physician & Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ is a student athlete at Ursinus College and has chosen or been referred to you for a consultation and/or definitive treatment. Please include a copy of all related office notes.

Date of care: \_\_\_\_\_

Diagnostic Results (X-ray, MRI, etc.):

Diagnosis/Assessment:

\*Treatment Plan/Procedures:

Follow-up Request (Y / N):

This individual should be restricted from participating in \_\_\_\_\_. YES NO

If YES, please specify the type of activities and specific limitations.

\*If administering a medicated injection, please indicate type of medication and injection site.

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