



Gadsden State Community College

Medical Referral

Athletic Trainer: Hanna Griffith, LAT, ATC (office) 256-549-8283 (cell) 205-359-0310

Referral Date: _____

Injury Date: _____

Athlete Name: _____

Sport: _____

TO BE COMPLETED BY PHYSICIAN ONLY

Diagnosis: _____

Recommended Treatments:

Modalities:

___ ice ___ Cold whirlpool ___ Ultrasound
___ heat ___ Hot whirlpool
___ Estim ___ Ice massage

Exercises:

___ Passive ROM ___ Cardio
___ Active ROM ___ Manual Therapy
___ Active-assisted ROM ___ Stretching

Please explain any specific tx not listed: _____

___ Permission for ATC to re-evaluate and modify tx as needed

Participation Status:

___ No participation until follow-up on _____

___ May return to full participation without follow-up if criteria below is met on: _____

- a) Full pain free ROM
- b) Comparable collateral strength
- c) Ability to perform sports specific movements

___ May return on this date _____

___ Restricted participation with these conditions _____

___ May return to full participation immediately

Physician Printed

Date

Physician Signature

Phone Number

*The Gadsden State Community College Athletic Trainer reserves the right to withhold a student-athlete as he/she sees fit even with correct clearance obtained.