Cate School
Athletic Training
1960 Cate Mesa Road
Carpinteria, CA 93013
Fax: (805) 684-8940

Physicians Referral

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

This student has been seen in the Athletic Training Facility by: _____

Reason for Referral: _____

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	Crutch instructions: _____
_____ Non-Contact workout _____ Weeks _____ Days	_____ Cold / Hot Whirlpool _____ Flexibility / ROM
_____ Full Contact WITH Restrictions: _____	_____ Contrast Bath _____ Bike
_____	_____ Ice _____ Jog / Run
_____	_____ Moist Heat _____ Agility Drills
_____	_____ Muscle Stimulation _____ Lower Body Workout
_____	_____ Ultrasound _____ Upper Body Workout
_____ Full Contact NO Restrictions	_____ Combination (US/Stim) _____ Tape / Brace
_____ Release to Athletic Trainer / Treat as Needed	_____ Progressive Resistive Exercises
	_____ Other: _____

Any Special Instructions/Limitations: _____

_____

Date of next appointment (if necessary): _____ **Office Phone #:** _____

Printed Name of Physician/Stamp: _____ **Fax #:** _____

Signature or Physician: _____

Please return this form with the student, or by fax, as they will be unable to participate without the completed form.

Thank You,

Shannon Drew, MS, ATC
Head Athletic Trainer
Office: (805) 684-4127 ext 263
Cell: (315) 796-0866