

**Tucson Orthopaedic Institute  
High School Athlete Bumps & Bruises Clinic**

5301 E. Grant Rd., Tucson, AZ 85712 • First floor of the TMC Orthopaedic and Surgical Tower  
520.784.6200 / Mondays 5:00 PM

6320 N. La Cholla Blvd., Ste, 200, Tucson, Arizona 85741 • 520.382.8200 / Call for Appt  
1521 E. Tangerine Rd, Ste, 101, Tucson, Arizona 85755 • 520.544.9700 / Call for Appt

**Dear Parent/Patient: Please bring this form with you to the Bumps & Bruises Clinic.**  
After the physician has completed it, please return it to your school's head athletic trainer.

**Physician Referral Form**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Date Of Injury:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Sport:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **PCP:** \_\_\_\_\_  
**Referring A.T.:** \_\_\_\_\_ **Insurance:** \_\_\_\_\_

**Injury Report**

**Subjective:** \_\_\_\_\_  
\_\_\_\_\_

**Objective:** \_\_\_\_\_  
\_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Plan:** \_\_\_\_\_  
\_\_\_\_\_

**Physician Report**

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_

**Precautions/Limitations/Participation Status:**  
Full Activity/Contact O.K.       Modified/No Contact       Complete Rest

**Recommended Treatment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rehabilitative Exercise:	Modalities:
_____ Active ROM	_____ Ultrasound      _____ Electrical Stimulation
_____ Passive ROM	_____ Cold Packs      _____ Hot Packs
_____ P.R.E.'S	_____ Whirlpool
_____ Other : _____	

\_\_\_\_\_ BIW    \_\_\_\_\_ TIW    \_\_\_\_\_ QIW    \_\_\_\_\_ Daily    \_\_\_\_\_ X    \_\_\_\_\_ Weeks

Date of follow-up visit:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_