

**Significant Injury/Illness Form**

**Athletes Name** \_\_\_\_\_ **Sport** \_\_\_\_\_ **Date of Injury** \_\_\_\_\_

**Body part injured/affected** \_\_\_\_\_

**History (previous hx, primary complaint, M.O.I., pain level, etc.)**

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**Observation/Inspection**

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**Palpation (pt. tdr areas, skin temp. etc.)**

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**Special Tests Performed**

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**Assessment (Injury/Illness Dx, Severity, etc.)**

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**Treatment – use back of page if needed**

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**Referral? Yes/No–Date and Time Referred** \_\_\_\_\_ **Hospital** \_\_\_\_\_

**MD/DO/CRNP Referral Yes/No** \_\_\_\_\_ **Give date and time** \_\_\_\_\_

**Physician Name** \_\_\_\_\_

