

STUDENT ATHLETE INJURY FORM

Name: _____ Age: _____ Date: _____

School: _____ Grade: _____

Sports or activities at school: _____

Who referred you to Lafayette Orthopaedic Clinic? _____

Who is your primary care physician? _____

Have you seen an athletic trainer for this injury? If so, who? _____

What is injured? R L _____

How and when did the injury occur? _____

What treatment has been tried? _____

Have you had x-rays or other tests? _____

List Any Medical Problems

List Any Previous Surgeries

Current Medications

Any Allergies

Doctor's Notes: (Hx, Exam, X-rays, MRI, Follow-up, etc).

