



**Bridgewater State University**

**Referral Form**

Student Athlete: \_\_\_\_\_

In order to provide quality continuum of care and to assure that the student-athlete will be participating at the appropriate level please complete the form below. The athlete has been instructed to return with this form completed. Please return this form to the Bridgewater State University Athletic Training-Sports Medicine Department. The fax number is (508)531-1447. Thank you!

<p><b>Diagnosis:</b> _____ Additional Tests or evaluations needed: _____ _____</p> <p><b>Participation status</b> for intercollegiate _____ as of _____: (Sport) (Date)</p> <p><input type="checkbox"/> No restrictions (Full participation) <input type="checkbox"/> Limited restrictions Identify limitations: _____ _____</p> <p><input type="checkbox"/> Full restrictions (No Participation) <input type="checkbox"/> Return at Athletic Trainers discretion</p>	<p><input type="checkbox"/> Evaluate and Treat</p> <p>Clinician Notes:</p>
<p>Today's Date: _____ Follow up date if needed: _____</p> <p>Physicians Signature: _____</p> <p>Physicians Printed name: _____</p>	