CLINICAL NOTE

TIME IN: ____________ TIME OUT: ____________

TYPE OF VISIT: ☐ NP ☐ F/U ☐ F/U-NI
☐ W ☐ B ☐ H ☐ O

1. Patient Name: Last: ______________________ First: ______________________ MI: ________

   Date of Birth: ______ /______ /______ Sex: ☐ M ☐ F Age: ____________

2. Parent/Guardian Name: ______________________ Relationship: ☐ Father ☐ Mother ☐ Other: ________

   Address: ______________________ City: ____________ Zip: ____________ Phone: ______ - ______ - ______

3. School: ______________________ District: ______________________

   School Address: ______________________ City: ____________ Zip: ____________ Phone: ______ - ______ - ______

   Name of Coach/Trainer: ______________________ Phone: ______ - ______ - ______

4. Injury: ______________________ ☐ RT / ☐ LT Date of Injury: ______ /______ /______

   Sport: ______________________

   History and Physical Findings: ______________________ Allergies: ____________

   Significant Past History: ______________________

   ____

   ____

   ____

   ____

   Diagnosis: ______________________

   Plan: ______________________

   ____

   ____

   ☐ X-ray of: ____________ ☐ MRI of: ____________ ☐ Other RAD: ____________

   ☐ Cast: ____________ ☐ Brace: ____________ ☐ Other Appliance: ____________ ☐ Other: ____________

   Activity: ☐ Return to play with no restrictions ☐ No return to play until released

   ☐ Return to play with the following restrictions: ______________________

   ____

Physician's Signature: ______________________ Date: ______ /______ /______

Physician's Name: ______________________

CHRISTUS Orthopedics – Sports Medicine is staffed by specialists in orthopedics, primary care, and pediatrics. Visit **CHRISTUSSANTAROSA.ORG/SPORTS** or call **210.705.5060** for more information today.

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Sports Medicine

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