



# DEERFIELD HIGH SCHOOL SPORTS MEDICINE

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**\*Please have this form completed by your physician and return to the Athletic Trainer\***

Athlete Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sport: \_\_\_\_\_

ATC Findings: \_\_\_\_\_

ATC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MD Diagnosis: \_\_\_\_\_

Return to Sports Guidelines: \_\_\_\_\_

### Specific Treatment Instructions

ATC Evaluate & Treat     Refer to Physical Therapy     Other Referral: \_\_\_\_\_

**Local Physical  
& Occupational  
Therapy Clinics:**

**Bannockburn** (Midtown Athletic Club)  
2211 Waukegan Rd  
P: 847-267-9520

**Deerfield**  
43 N. Waukegan Rd  
P: 847-498-1886

**Highland Park**  
1980 Second St  
P: 847-681-8720

**Therapist  
Recommended:**

\_\_\_\_\_

(Please include separate prescription for Physical Therapy or other referral)

#### Modalities

- Hot Pack
- Cold Pack
- Cold Whirlpool
- Modalities PRN: At ATC's Discretion

#### Exercises

- Passive Range of Motion
- Active Range of Motion
- Stretching
- Strengthening
- Other: \_\_\_\_\_

Patient Follow Up Instructions: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Print

\_\_\_\_\_  
Date