



# Physician/AT Referral Form

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name (Please Print): \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Playing Status:**

\_\_\_\_\_ Cleared

\_\_\_\_\_ Restrictions (Please Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Athletic Trainers' Discretion

Taping or Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_ Athletic Trainers' Discretion \_\_\_\_\_

**Specific rehabilitation and treatment plan:**

\_\_\_\_\_ Athletic Trainers' Discretion

\_\_\_\_\_ Specific Guidelines (See Below) \_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Locations:**

**Akron**  
One Park W Blvd, Suite 330  
Akron, OH 44320

**Green**  
3838 Massillon Rd, Suite 350  
Uniontown, OH 44685  
(inside the Green Family YMCA)

**Hudson**  
5655 Hudson Dr, Suite. 315  
Hudson, OH 44236

**Medina**  
3780 Medina Rd, Suite. 200  
Medina, OH 44256

**Wadsworth**  
621 School Dr  
Wadsworth, OH 44281

For more information call 330.835.5533  
or visit [summahealth.org/sportsmedicine](http://summahealth.org/sportsmedicine)