



PHYSICAL THERAPY SPORTS EVALUATION

Purpose:

The sports evaluation is a complimentary service offered to the local student athletes as a means of community service by the Physical Therapy Department at Cascade Medical. The intent is to provide athletes and coaches with a professional impression of the extent of an athlete's injury and the appropriate course of action.

The Physical Therapist will perform a brief examination before making a recommendation for self-injury management or the appropriate medical attention to be sought. This is a complimentary service to student-athletes of Cascade School District and there are no fees associated. The screening does not replace a medical evaluation by your physician or medical provider, nor does it replace a full physical therapy evaluation or provide physical therapy treatment. Regardless of the screening assessment, do not hesitate to seek medical attention for your son or daughter at any time that you wish.

Goal:

Promote safe and effective return to sports participation.

Consent:

The undersigned authorizes and consents to physical examination of the sports related injury, release of information or any other therapeutic service that may be deemed advisable or necessary by the consulting Physical Therapist.

NAME OF ATHLETE: _____

SPORT: _____

NAME OF COACH: _____

Signature of Parent or guardian if under the age of 18 (required)

Signature: _____ Date: _____

Parent's Name: _____ Contact #: _____

_____ **By initialing here, I am giving permission to the Physical Therapist to communicate the results of this evaluation directly to my son or daughter's coach/coaches.**