

**Nathan Brasseur, AT**  
**Athletic Trainer**  
**Rochester Adams High School**  
**3200 W Tienken Rd**  
**Rochester Hills, MI 48306**  
**Office 248-726-5241**  
**Cell 989-370-2072**  
**Fax 248-726-5395**

**Rochester Community  
High School**  
**Physician's Referral/ Clearance Form**

**Jason Rapp**  
**Athletic Director**  
**Rochester Adams High School**  
**3200 W Tienken Rd**  
**Rochester Hills, MI 48306**  
**Office 248-726-5208**  
**Fax 248-726-5395**

Date of Referral: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

School: \_\_\_\_\_ AT/Coach referring athlete: \_\_\_\_\_

Assessment: \_\_\_\_\_ DOI: \_\_\_\_\_

Referred to Emergency Room: \_\_\_\_\_ Hospital: \_\_\_\_\_ PCP: \_\_\_\_\_ Specialist: \_\_\_\_\_

Physician's Findings: \_\_\_\_\_

\_\_\_\_\_

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

**Athlete Status**

\_\_\_ Athlete may NOT return to activity      \_\_\_ Athlete may return to full activity

\_\_\_ Athlete may return to activity with Following Restrictions: \_\_\_\_\_

\_\_\_\_\_

Expected return to activity Date \_\_\_\_\_ Date of follow appointment: \_\_\_\_\_

**Suggested Treatment by Athletic Trainer at High School:**

**Modalities:**

\_\_\_ Ice      \_\_\_ Moist heat      \_\_\_ Whirlpool

**Rehabilitation:** \_\_\_\_\_

\_\_\_ Stretching      \_\_\_ Reconditioning      \_\_\_ Strengthening/exercise      \_\_\_ Home exercises

\_\_\_ Physician specific treatment protocol      \_\_\_ AT protocol      \_\_\_ Crittenton Concussion Protocol

**Physical Therapy**

___ Sports Rehabilitation Center 2251 N. Squirrel Rd. Auburn Hills, MI. 48326 Phone (248) 652-5900 Fax (248) 475-2263	___ Washington Physical Therapy 57850 Van Dyke Rd Suite 200 Washington, MI. 48094 Phone (586) 992-0869 Fax (586) 992-0879	___ Other
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Physicians Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name ( \_\_\_\_\_ )

Print clearly Name and credentials Please