

WAIS

ATHLETE MEDICAL REPORT FORM



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Reports are due to the coach within 24 hours of the appointment.

When complete, please e-mail to wais@wais.org.au.

Practitioner's Name:

Contact Number:

Date:

Date of Injury:

Athlete:

Sport:

Contact:

Contact Number:

Type of Report (tick): Illness Injury Consultation

Diagnosis/Relevant Clinical History

Pre Existing Injuries:

Treatment Required:

Imaging required: (tick) X-ray US - MRI Bone Scan -

Other:

Physiotherapy: Name Date:

Medical: Name: Date:

Specialist: Name: Date:

Training Recommendations:

Specific Rehabilitation:

Prognosis:

Date to Return to Full Training:

Date to Return to Competition:

Comments

Next Appointment:

Athlete Consent: