



**Instructions:**

If you do not have a referral from a physician, please complete this form and drop it off at the Wellness Center at least ONE DAY BEFORE your appointment with the Athletic Trainer.

**Athletic Training History Form**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Today's Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Graduation Month & Year \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Date of Injury \_\_\_\_\_ Injured Body Part: \_\_\_\_\_ Left or \_\_\_\_\_ Right

Allergies or Other Special Concerns (e.g., Asthma/ diabetes ) \_\_\_\_\_

What Happened?

Has this happened before? If so, when?

Does this injury / condition stop you from any daily activities? If yes, explain?

How did you find out about the Athletic Training Services?

I give my permission to have a rehabilitation program sent to me via text and/or email. I understand that this text/email does not contain any personal health information. The rehabilitation program will have an access code assigned only to me. My rehabilitation program cannot be accessed without my personal access code. I would prefer to receive my program via

\_\_\_\_\_ e-mail \_\_\_\_\_ text

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date