SAMPLE TREATMENT RECORD

|  |  |
| --- | --- |
| CHAMPIONSHIP AND LOCATION:  |  |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
| ATHLETE’s NAME: |  |
| NATIONALITY:  |  |
|  |  |
| HISTORY: |  |
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|  |  |
|  |  |
| MEDICATION athlete is currently taking: |  |
|  |  |
|  |  |
| ALLERGIES: |  |
|  |  |
|  |  |
| HISTORY:  |  |
|  |  |
|  |  |
|  |  |
| PHYSICAL EXAM: |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| DIAGNOSIS:  |  |
|  |  |
|  |  |
| TREATMENT: |  |
|  |  |
|  |  |
|  |  |
| XRAY or other tests:  |  |
|  |  |

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_