

**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](mailto: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: