

**WAIS**

**GYMNASTICS MEDICAL REPORT FORM**

Please Complete Relevant Sections



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When complete, please save & attach to an e-mail & send to [lchetkovich@wais.org.au](mailto:lchetkovich@wais.org.au) or fax to WAIS

Practitioner's Name:

Contact Number:

Date:

Date of Injury/Illness:

Athlete:

Sport:  Gymnastics

Coach:

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

Medication Administered or Prescribed:

Other:

Referrals::

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:

Office Use Only - Information forwarded to:

Gymnastics Medical Coordinator

Gymnastics Group Coach

Gymnastics Strength & Conditioning

Other Health Professional