

Account # \_\_\_\_\_

### Bumps and Bruise Clinic Information

\*\*You must be a high school student in the St. Vrain Valley School District to be evaluated in the Bumps and Bruise Clinic.

\*\*You must have injured yourself in a high school sport to be seen at the Bumps and Bruise Clinic.

Date: \_\_\_\_\_

High School you attend: \_\_\_\_\_

School District: \_\_\_\_\_

Body part you are being seen for: (Please specify left or right) \_\_\_\_\_

Sport you were injured in: \_\_\_\_\_

Describe how your injury occurred: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_      Second Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Referred by: \_\_\_\_\_

Coach Name: \_\_\_\_\_

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