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CONSENT FOR CONSULTATION

I have been informed by Santa Rosa Orthopaedics, Sportsmedicine and Rehabilitation that the Sports Injury Screening Clinic is an assessment of a recent sports injury. This free evaluation is intended to assess the severity of the injury and to make recommendations concerning seeking ongoing medical care as well as to make initial recommendations regarding returning to sports participation. No treatment shall be provided as part of this screening.

This is a screening evaluation based on injury history and physical assessment only. Further studies including x-rays, MRI, and/or other tests may ultimately be required to determine a definitive diagnosis. The Sports Injury Screening Clinic does not replace or supersede your routine health care provider. We provide early assessment of an injury by an orthopedic surgeon and physical therapist, and you may be advised to schedule follow-up medical care with your routine health care provider or other appropriate medical specialist, as indicated, to obtain further studies/evaluation that may be required. Alternatively, arrangements for follow-up medical care can be made with a SRO physician directly through this office.

I understand that as this is a screening evaluation only and no guarantee or assurance has been made, nor can be made, by Santa Rosa Orthopedics, Sports Medicine and Rehabilitation as to the ultimate outcome of this assessment. By signing this agreement, I consent to have Santa Rosa Orthopedics, Sportsmedicine and Rehabilitation provide an assessment of the below named patient and that consent may be revoked by me at any time. I agree that I have read and understand the above, and that I represent a parent or legal guardian of the patient listed below.

Name of Patient (Please Print)

Signature of the Patient's / Date
Guardian/Representative