

Event Chart Note

Athlete: _____ **Date:** ____ / ____ / ____ **Event:** _____

A. Is this a new complaint? YES NO If yes, please describe: _____

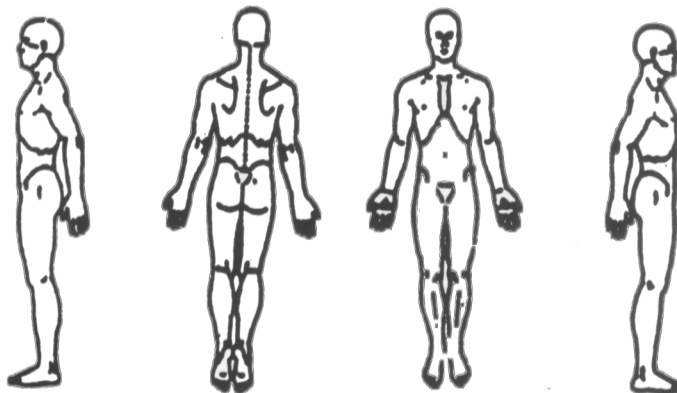
B. Is your condition: (please circle) Much Better Better No Change Worse Much Worse

C. VISUAL PAIN SCALE (VAS): NO PAIN SEVERE PAIN
 Mark on the line to indicate how severe your pain has been. _____

D. What percentage of time do you experience symptoms? _____ %

E. Circle the area(s) of complaint and put the number(s) that describe your pain in the appropriate are(s).

1. Achy/dull/sore
2. Burning
3. Numbness/tingling
4. Sharp shooting
5. Sharp stabbing
6. Stiffness/tightness
7. Swelling
8. Throbbing
9. Snapping/popping/grinding



Left side

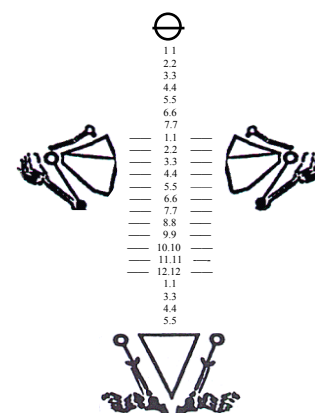
Right side

I, the undersigned, have been informed by the treating Sports Therapist and/or Physician(s) listed below, that he/she is/are licensed and having been informed by such as to the benefits and potential risks of treatment, hereby consent to such treatment.

I, hereby agree to hold the event committee the healthcare provider and any association that he or she is representing free and harmless from any liability, claims, demands, or suits for damages from any injury or complications whatsoever, which may result from such treatment. This document is binding and includes any and all my successors and/or heirs.

Signature: _____

- PAR
- CMT(div drop SOT act)
 - Mobiliz _____
 - STM
 - TFM
 - IC/Trigger
 - Strain/Counter St
 - MRT/MF Release
 - Graston Tech.
 - PNF
 - Stretching
 - Exercises
 - Athletic Tape _____
 - Kiniesiotape _____
 - Brace/Support _____
 - Hot Pack Ice



PLAN: Refer to: LMT DC LAc MD ATC X-ray/Lab _____

signature