

Evaluation request

Date: _____

Patient name: _____

Phone: _____ Grade: _____

Referred by: _____

School/Organization: _____

Shoulder

Hip

Back

Elbow

Knee

Concussion (ages 8+)

Wrist

Ankle/foot

Other

Current sport: _____ Date of injury: _____

Current injury details: _____

Has the patient ever had this injury before? Yes No

Please call **682-885-4405** and ask for the athletic trainer or the sports medicine supervisor at your nearest location to obtain an appointment. If the matter is urgent, please present this form at a Cook Children's Urgent Care Center. For a complete list of locations, visit [cookchildrens.org/urgent-care](https://www.cookchildrens.org/urgent-care).

Sports Medicine Locations:

13340 Highland Hills Drive
Fort Worth, TX 76008

750 Mid Cities Blvd., Suite 100
Hurst, TX 76054

801 Matlock Road
Mansfield, TX 76063