



Central West Specialists

Sports Doctor

DR GARETH THOMAS

MBBS MSpMed FSDrA

REFERRAL FOR ASSESSMENT

Patients Name: _____

Address: _____

Phone No.: _____

Please assess & treat the following:

- Treatment of sprains/ joint injuries
- Minor fractures
- Acute and chronic sports injury assessment
- Assessment of musculoskeletal pain
- Exercise programs/ treatment for osteoarthritis
- Tendonsitis
- Work injuries
- Acute/Chronic back pain assessments
- Joint and tendon injections
- Platelet rich plasma injections
- Other

Comments: _____

Name: _____ Provider No: _____ Date: _____