



# Central West Specialists

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## 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: \_\_\_\_\_

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Name: \_\_\_\_\_ Provider No: \_\_\_\_\_ Date: \_\_\_\_\_