SPECTRUM INTERNAL MEDICINE

401 South Main Street, Suite C7, Alpharetta, GA 30009. Tel.: 678-319-9901, Fax: 678-319-9902

Sports Pre-Participation Physical Examination Questionnaire

Date Of Exam_____

Name _____ Sex_____ SSN:_____ Age _____ Date of birth_____

Grade_____ School_____ Sport(s)_____

Address_____ Phone_____

Personal Physician_____

In case of emergency ,contact:

Name _____ Relationship_____ Phone#_____

Explain "Yes" answers below, Circle questions you don't know the answer to.

_yes _no 1.Has a doctor ever denied or restricted your participation in sports for any reason?

_yes _no 2.Do you have an ongoing medical condition(like diabetes or asthma)?

_yes _no 3.Are you currently taking any prescription or non-prescription(over-the-counter)?

_yes _no 4.Do you have allergies to medicines, pollens, foods, or stinging insects ?

_yes _no 5.Have you ever passed out or nearly passed out DURING exercise?

_yes _no 6.Have you ever passed out or nearly passed out AFTER exercise?

_yes _no 7.Have you ever had discomfort, pain, or pressure in your chest during exercise?

_yes _no 8.Does your heart race or skip beats during exercise?

_yes _no 9.Has a doctor ever told you that you have : high blood pressure___ high cholesterol___ a heart murmur _ a heart infection

_yes _no 10.Has doctor ever ordered a test for you?

yes no 11. Has anyone in your family died from no apparent reason?

_yes _no 12. Does anyone in your family have heart problems?

_yes _ no 13. Has any family member or relative died of heart problems or of sudden death before 50

_yes _ no 14. Does anyone in your family have Marfan syndrome?

_yes _ no 15. Have you ever spent the night at a hospital?

_yes _no 16.Have you ever had surgery?

_yes _no 17.Have you ever had a injury, like a sprain, muscle or ligament tear or tendonitis, that cause you to miss practice or a game? If yes, circle the affected area below:

_yes_no 18.Have you ever had any broken or fractured bones, or dislocated joints? If yes explain

_yes_no 19.Have you ever had a bone or joint injury that required x-rays ,MRI, surgery, injections, rehabilitation, physical therapy, a brace , a cast, or crutches? If yes explain _____

_yes _no 20. Do you regularly use a brace or assistive device?

yes no 21.Has a doctor ever told you that you have asthma or allergies?

_yes _ no 22.Do you cough, wheeze, or have difficulty breathing during or after exercise?

_yes _no 23. Is there anyone in your family who has asthma?

_yes_no 24.Have you ever used an inhaler or taken asthma medicine?

_yes _no 25.Were you born without or you missing a kidney , an eye, a testicle, or any other organ?

_yes _no 26.Have you had infectious mononucleosis (mono) within the last month?

_yes _ no 27. Do you have any rashes, pressure sores, or other skin problems ?

_yes _no 28.Have you had a herpes skin infection?

_yes _no 29. Have you been hit in the head and been confused or lost your memory?

_ yes _no 30. Have you ever had a head injury or concussion?
_yes _ no 31. Have you ever had a seizure?
yes no 32. Do you have headaches with exercise?
_yes _ no 33. Have you ever had numbness , tingling, or weakness in your arms or legs after being hit or falling?
_yes _no 34. Have you ever been unable to move your arms or legs after being hit or falling?
yes no 35.When exercising in heat , do you have severe cramps or become ill?
yes no 36.Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
_yes _ no 37. Have you had any problems with your eyes or vision?
_yes _ no 38. Do you wear glasses or contact lens?
_yes _ no 39. Do you wear protective eyewear, such as goggles or face shield?
_yes _ no 40. Are you happy with your weight?
_yes _ no 41. Are you trying to gain or lose weight?
_yes _ no 42. Has anyone recommend you change your weight or eating habits?
_ yes _no 43. Do you limit or carefully control what you eat?
_ yes _ no 44. Do you have any concerns that you would like to discuss with a doctor?
_ yes _no 45. Have you ever had a menstrual period?
_yes _ no 46. How old were you when you had your first menstrual period?
_yes _no 47. How many periods have you had in the last year?

Updated 05/2014