

SPORTS PHYSICAL HISTORY QUESTIONNAIRE

Patient Name: _____ Gender: M F DOB: _____

Medical History:

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

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| 1) During or after exercise, has the athlete ever felt dizzy? | YES | NO | DON'T KNOW |
| *Passed out? | YES | NO | DON'TKNOW |
| *Had chest pain? | YES | NO | DON'T KNOW |
| *Racing heartbeat? | YES | NO | DON'T KNOW |
| *Skipped heartbeat? | YES | NO | DON'T KNOW |
| 2) Does the athlete tire more easily than their friend during exercise? | YES | NO | DON'T KNOW |
| 3) Has the athlete ever been told he/she has a heart murmur? | YES | NO | DON'T KNOW |
| *Arrhythmia? | YES | NO | DON'T KNOW |
| 4) In the past month, has the athlete had myocarditis? | YES | NO | DON'T KNOW |
| *Mono? | YES | NO | DON'T KNOW |
| 5) Has the athlete ever been restricted from sports participation for any reason? If yes, please explain: | | | |
| <hr/> | | | |
| 6) Has the athlete ever had a concussion or head injury? | YES | NO | DON'T KNOW |
| Heat stroke/heat illness? | YES | NO | DON'T KNOW |
| Cough or wheeze with exercise? | YES | NO | DON'T KNOW |
| Sprains or fractures? | YES | NO | DON'T KNOW |
| 7) FHx of sudden death before the age of 50? | YES | NO | DON'T KNOW |
| Died of heart disease before age 50? | YES | NO | DON'T KNOW |
| Cardiomyopathy? | YES | NO | DON'T KNOW |
| Marfan's? | YES | NO | DON'T KNOW |
| Long QT? | YES | NO | DON'T KNOW |
| Heart arrhythmia? | YES | NO | DON'T KNOW |