

History

**SEACOAST ORTHOPEDICS & SPORTS MEDICINE, SOMERSWORTH, NH
PRE-PARTICIPATION PHYSICAL EVALUATION**

Name: _____ Sex: _____ Age: _____ DOB: _____
 Grade: _____ School: _____ Sports: _____
 Address: _____ Phone: _____
 Personal Physician: _____
 In Case of Emergency Contact Name: _____ Relationship: _____
 Phone (H): _____ (W) _____ (Mobile): _____

Explain Yes answers below
Please circle questions you do not know the answer

	Yes	No			
Have you had a medical illness or injury since your last check up or sports physical?	Y	N	Do you use any special protective or corrective equipment or devices that aren't usually used for your sports or position (for example, knee brace, special neck roll, foot orthotics, retainer on you teeth, hearing aid?)	Y N	
Do you have an ongoing chronic illness?	Y	N	Have you had any problems with your eyes or vision?	Y.....N	
Have you ever been hospitalized overnight?	Y	N	Do you wear glasses, contacts or protective eye wear?	Y.....N	
Have you ever had surgery?	Y	N	Have you ever had a sprain, strain or swelling after an injury?	Y.....N	
Are you currently taking any prescription or non-prescription medication or pills or using an inhaler?	Y	N	Have you broken or fractured any bones or dislocated any joints?	Y.....N	
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	Y	N	Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	Y.....N	
Do you have any allergies?	Y	N	<i>If yes, check appropriate box and explain below.</i>		
Have you ever passed out during or after exercise?	Y	N	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been dizzy during or after exercise?	Y	N	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Have you ever had chest pain during or after exercise?	Y	N	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Do you get tired more quickly than your friends do during exercise?	Y	N	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you ever had racing of your heart or skipped heartbeats?	Y	N	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Have you ever had high blood pressure or high cholesterol?	Y	N	<input type="checkbox"/> Upper arm	<input type="checkbox"/> Foot	
Have you ever been told you have a heart murmur?	Y	N	Do you want to weigh more or less than you do now?	Y.....N	
Has any family member or relative died of heart problems or sudden death before age 50?	Y	N	Do you lose weight regularly to meet weight requirements for your sport?	Y.....N	
Has a physician ever denied or restricted your participation in sports for any heart problems?	Y	N	Do you feel stressed out?	Y.....N	
Have you had a severe viral infection within the last month?	Y	N	FEMALES ONLY		
Do you have any current skin problems (acne, warts)?	Y	N	When was your first menstrual period? _____		
Have you ever had a head injury or concussion?	Y	N	When was your most recent menstrual period? _____		
Have you every been knocked out, become unconscious or lost your memory?	Y	N	How much time do you usually have from the start of one menstrual period to the start of another? _____		
Have you ever had a seizure?	Y	N	How many periods have you had in the last year? _____		
Do you have frequent or severe headaches?	Y	N	What was the longest time between periods in the last year? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	Y	N	Explain "Yes" Answers Here: _____		
Have you ever had a stinger, burner or pinched nerve?	Y	N	_____		
Have you ever become ill from exercising in the heat?	Y	N	_____		
Do you cough, wheeze or have trouble breathing before, during or after activity?	Y	N	_____		
Do you have asthma?	Y	N	_____		
Do you have seasonal allergies that require treatment?	Y	N	_____		

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete: _____ Signature of Parent/Guardian: _____ Date: _____