

# Dept. of Sports Medicine MEDICAL HISTORY QUESTIONNAIRE

DATE \_\_\_\_\_ S.S. # \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

AGE \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

SCHOOL PHONE \_\_\_\_\_

I AM A CANDIDATE FOR THE \_\_\_\_\_ (WCU SPORT TEAM)

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL**

## INSTRUCTIONS:

Please circle yes or no to each question. When reply is yes, give date of injury or treatment. Please indicate, as near as possible anatomical site of injury, left or right, plus any data you consider important. If *you have* a question about any of the statements circle the corresponding number and it will be discussed with you.

## DISEASE AND ILLNESSES

- |     |    |    |  |
|-----|----|----|--|
| Yes | No | 1. | Have you ever experienced an epileptic seizure or been informed that you might have epilepsy?          |
| Yes | No | 2. | Have you had hepatitis?  |
| Yes | No | 3. | Have you been treated for infectious mononucleosis, virus, pneumonia, or any other infectious disease? |
| Yes | No | 4. | Have you ever been treated for diabetes?   |
| Yes | No | 5. | Have you eve been treated or informed by a medical doctor that you have had scarlet fever?             |

- Yes No 6. Have you ever been treated or informed by a medical doctor that you have had rheumatic fever?
- Yes No 7. Have you ever been told you have a heart murmur?
- Yes No 8. Have you had any illness requiring bed rest of one week or longer during the past year? If so, give date and nature of illness.
- Yes No. 9. Have you ever been treated or informed by a medical doctor that you have asthma?

#### **HEAD AND NECK INJURIES**

- Yes No 10. Have you ever been "Knocked-out" or experienced a concussion during the past three years? If yes, give dates.
- Yes No 11. If answer to Question 10 is yes, did the attending physician have you to stay overnight in a hospital? If yes, give dates and details.
- Yes No 12. Have you ever had any injury to the neck involving nerves, vertebrae (bones or vertebrae discs that incapacitated you for a week or longer? If answer is yes, give dates.

#### **EYES AND DENTAL**

- Yes No 13. Do you wear eyeglasses or contact lenses?  
If yes, circle which one. Eyeglasses                      Contacts
- Yes No 14. If answer to above is yes, do you wear them during participation?  
Again identify which!
- Yes No 15. Do you wear any dental appliance? If answer is yes, underscore appropriate appliance. Permanent Bridge, Permanent Crown or Jacket, Removable Partial or Full Plate, Retainer, Braces, etc.

## **BONES AND JOINTS**

### **Instructions:**

**Please give dates and indicate left or right for any injuries listed below that you received during the past three years.**

- Yes No 16. Have you ever been treated for Osgood-Schlatter disease?
- Yes No 17. Have you ever been treated for osteomyelitis?
- Yes No 18. Have you had a fracture? If answer is yes, indicate site of fracture and date.
- Yes No 19. Have you had a shoulder dislocation, separation or other shoulder injury?
- Yes No 20. Have you ever been advised to have surgery to correct a shoulder condition?
- Yes No 21. If answer to Question 19 is yes, has the surgery been completed. Give date.
- Yes No 22. Have you experienced a severe sprain, dislocation or fracture to either elbow?  
If answer is yes, give date.
- Yes No 23. Have you ever had an injury to your back?
- Yes No 24. If answer is yes, did you seek the advice or care of a medical doctor?
- Yes No 25. Do you experience pain in the back? If answer is yes, indicate frequency with  
which you experience pain by underscoring answer. Very seldom, occasionally,  
frequently, only vigorous exercise, or heavy lifting.
- Yes No 26. Have you experienced a sprain of either knee with severe swelling accompanying the  
injury?
- Yes No 27. Have you ever been told that you injured the ligaments of either knee joint?
- Yes No 28. Have you ever been told that you injured the cartilage of either knee joint?
- Yes No 29. Have you ever been advised to have surgery to a knee to correct condition?
- Yes No 30. If answer to above is yes, has the surgery been complete? Give date.
- Yes No 31. Have you ever experienced a severe sprain of either ankle?
- Yes No 32. Do you have a pin, screw, or plate somewhere in your body as a result of bone or  
joint surgery. If answer is yes, indicate anatomical site and date of surgery.

Yes No 33. Have you ever had a bone graft or spinal fusion? If answer is yes, indicate anatomical site and date of surgery.

**GENERAL**

Yes No 34. Have you ever been told that you have a hernia? If yes, has the hernia been surgically repaired? When?

Yes No 35. Have you had any operations? If answer is yes, indicate anatomical site of operation and give date.

Yes No 36. Have you ever been inoculated for tetanus? Give date.

Yes No 37. Are you currently on prescribed medications or drugs permanent or semi-permanent basis? If so, indicate name of drug and indicate why it was prescribed. (Ex. birth control, epilepsy, high blood pressure, etc.)

Yes No 38. Are you allergic to any medication? (Ex. aspirin, penicillin, etc.)

Yes No 39. Do you have any other allergies? (Ex. bee stings).

Yes No 40. Have you ever been treated for heat illness from exercising in hot/humid weather.

Yes No 41. Females: Are you now or have you ever experienced menstrual irregularities? (ex. oligomenorrhea (irregular menstruation), amenorrhea (cessation of menstruation) and/or dysmenorrhea (menstrual cramps).

Give full name and address of your family physician.

Doctor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

All of the above questions have been answered completely and truthfully to the best of my knowledge.

Signature \_\_\_\_\_