PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parer	nts if younger than	18) before your a	ppointment.			
Name:		D	ate of birth:			
Date of examination:	Sports	1		La les o		
Sex assigned at birth (F, M, or intersex):	How do	How do you identify your gender? (F, M, or other):				
List past and current medical conditions.						
Have you ever had surgery? If yes, list all past surg	ical procedures					
Medicines and supplements: List all current prescri	ptions, over-the-co	unter medicines, c	and supplements (herba	l and nutritional).		
Do you have any allergies? If yes, please list all yo	our allergies (ie, me	edicines, pollens, f	ood, stinging insects).			
Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been be	othered by any of	the following prob	lems? (Circle response,)		
	Not at all	Several days	Over half the days	Nearly every day		
Feeling nervous, anxious, or on edge	0	1	2	3		
Not being able to stop or control worrying	0	1	2	3		
Little interest or pleasure in doing things	0	1	2	3		
Feeling down, depressed, or hopeless	0	1	2	3		
(A sum of ≥3 is considered positive on either	subscale lauestion	s 1 and 2 or augs	tions 3 and 41 for			

Ex	NERAL QUESTIONS Plain "Yes" answers at the end of this form. Plain "Yes" answers at the end of this form.	Yes	No
1.	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
1EA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
4.	Have you ever passed out or nearly passed out during or after exercise?	-	
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		erente source belieben
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		eritari puri es essessi

	ART HEALTH QUESTIONS ABOUT YOU ONTINUED)	Yes	No
9.	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10.	Have you ever had a seizure?		T
HEA	ART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
3.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

Charle math	NE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	Yes	
4.	Have you ever had a stress fracture or an injury			25. Do you worry about your weight?		T
	to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			26. Are you trying to or has anyone recommended that you gain or lose weight?	SE L	I
5.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid certain types of foods or food groups?		T
E	DICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		t
6.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY	Yes	
7	Are you missing a kidney, an eye, a testicle	Name and Advances of	-	29. Have you ever had a menstrual period?		
	(males), your spleen, or any other organ?	AT ATTENDED TO SEE STATE OF THE SECOND SECON	P/2/2016/01/A/12/1/2016/10/A	30. How old were you when you had your first menstrual period?		
8.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			31. When was your most recent menstrual period?		
19. Do you have any recurring skin rashes or			32. How many periods have you had in the past 12			
	rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus			COMPANIAL DESCRIPTION OF THE PROPERTY OF THE P		
	(MRSA)?			Explain "Yes" answers here.		
0.				Explain "Yes" answers here.		
	(MRSA)? Have you had a concussion or head injury that caused confusion, a prolonged headache, or			Explain "Yes" answers here.		
1.	(MRSA)? Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or			Explain "Yes" answers here.		
21.	(MRSA)? Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? Have you ever become ill while exercising in the			Explain "Yes" answers here.		

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Signature of athlete:

Signature of parent or guardian: