

III. Orthopaedic/Sports Medicine Questions

A. Head & Neck

- 1 Have you ever had a head/neck injury that interrupted your athletic participation?
- 2 Do you have frequent headaches?
- 3 Have you ever been knocked unconscious or suffered from a concussion in the past three years?
- 4 Have you been knocked unconscious more than once?
- 5 Have you been hospitalized for a head injury?
- 6 Have you ever suffered from a "bumer" or "stinger" in your neck/shoulder?
- 7 Have you ever been hospitalized for a neck injury?
- 8 Do you suffer from pain, stiffness or limited movement of the neck?
- 9 Have you ever been X-Rayed/MRI/CT scanned for either a head or neck injury?

Yes	No	When

B. Shoulder

- 1 Have you ever suffered from a shoulder injury, that has interrupted your participation for more than two weeks in the last three years?
- 2 If yes, which shoulder: Right Left

Yes	No	When

C. Elbow

- 1 Have you sustained a:

Sprain	Right	Left
Hyperextension	Right	Left
Dislocation	Right	Left
Fracture	Right	Left

Yes	No	When

D. Wrist & Hand

- 1 Have you sustained a:

Sprain	Right	Left
Hyperextension	Right	Left
Dislocation	Right	Left
Fracture	Right	Left

Yes	No	When

E. Back

- 1 Have you ever sustained a back injury?
- 2 If yes did you see a physican?
- 3 If yes did you get an x-ray or MRI?
- 4 Do you experience frequent back pain?
- 5 Have you been told that you have scoliosis?

Yes	No	When

F. Knee

- 1 Have you ever sustained an injury to your knee? Right Left
- 2 If yes did you sustained a ligament injury? Right Left
- 3 If yes did you sustain a meniscus or cartilage injury? Right Left
- 4 Does your knee swell up while participating in Sport? Right Left
- 5 Do you have pain around your patella either during or after exersie? Right Left

Yes	No	When

G. Ankle

- 1 Have you sprained you ankle within the last three years? Right Left
- 2 Have you ever fractured your ankle? Right Left
- 3 Have you ever had an injury involving your achilles? Right Left
- 4 Have you ever had ankle surgery? Right Left

Yes	No	When

H. Foot

- 1 Have you ever sustained the following:

Fracture(s)	Right	Left
Sprains	Right	Left
Strains	Right	Left

Yes	No	When

IV. Other Conditions

I. Eyes

- 1 Do you wear contact lenses?
- 2 Do you wear glasses?
- 3 Do you wear either of the above during sport participation?

Yes	No	When

J. Nose

- 1 Have you ever fractured your nose?
- 2 Do you suffer from:
 - Sinus problems**
 - Frequent nose bleeds**
 - Nasal blockage**

Yes	No	When

K. Dental

- 1 Have you ever sustained a fracture jaw
- 2 Do you wear any dental appliance?
 - removable bridges**
 - plates**
 - braces**

Yes	No	When

L. Heart

- 1 Have you ever been told you have a heart murmur or palpitations?
- 2 If yes, have you had an echo/or stress test performed?
- 3 Do you have chest pain during or after athletic activity?

Yes	No	When

M. Family History

- 1 Identify the following diseases, if present in you immediate family (ie Mother, Father, siblings)

- Cancer**
- High Blood Pressure**
- Diabetes**
- Sudden Death**
- Heart disease**
- Blood disorders**
- Sickle Cell trait**

Yes	No

V. Women's Health History

- A. If you are a female please provide us the following information.
- B. Please note that this information will be kept confidential and used only to assist in maintaining your normal health.

1 Are your periods regular? →

- a. Age of Onset:
- b. Date of last period
- c. Interval between periods
- d. Duration of periods.
- e. Is flow heavy?

Yes	No

- 2 Is heavy bleeding ever a problem?
- 3 Do you ever have bleeding between periods?
- 4 Do you experience any unusual discharge?
- 5 Is cramping a problem during your period?
- 6 Are you on birth control medication?
 - If yes, what brand name:
- 7 Do you do a self breast examination?
- 8 Do you have frequent urinary tract infections?
- 9 Have you ever had a blood clot in your veins?
- 10 Have you ever been treated for:
 - Anemia? →
 - Eating disorders? →

- 11 Do you consider yourself as having poor or special eating habits?
- 12 Have you ever had a gynecological exam?
- 13 Have you had a pap smear?
- 14 Have you ever had a yeast infection?
 - If yes, do you get them frequently?