

**UNIVERSITY OF RICHMOND SPORTS MEDICINE
FEMALE HEALTH HISTORY**

2009-2010

NAME: _____ **DATE OF BIRTH:** _____

SPORT: _____ **Student ID #:** _____

		Comments:
How do you describe your health? Has it been changing?		
Do you menstruate regularly every 28-30 days?	NO YES	
Do you have questions about menstruation?	NO YES	
Do you miss periods? If so, how often and why?	NO YES	
Have you ever had trouble with periods or with bleeding, "spotting", or vaginal discharge?	NO YES	
If yes, why? How have you treated it?		
Have you had a pelvic (female) examination? If so, when?	NO YES	
Where any problems discovered?	NO YES	
Have you been advised to have any further testing or examination?	NO YES	
Does menstruation affect your athletic performance?	NO YES	
If yes, why? How have you treated it?	NO YES	
Have you been told you have anemia or "low blood"?	NO YES	
Do you frequent urinary tract (bladder or kidney) infections?	NO YES	
Do you currently take birth control? If so, provide the name.	NO YES	
Do you have any questions about birth control	NO YES	
Do you have any questions about "safe sex"?	NO YES	
How do you describe your moods and feelings?		
Have you felt depressed or sad often or far more than a few days at a time?	NO YES	
Do you have or have you been told that you have a mood disorder?	NO YES	
Do you take or have you been advised to take medication for mood or anxiety?	NO YES	
Have moods or feelings impaired your athletic, social, or academic performance?	NO YES	
Have you been told you have an eating disorder?	NO YES	
How is your appetite?		
Current Weight:	Ideal Weight:	
Has your weight been changing?	NO YES	
Any there any foods you purposefully restrict from your diet?	NO YES	
If yes, what are they?		
Do you ever restricted food intake in order to lose weight?	NO YES	
Would you like an appointment with a nutritionist to discuss your diet?	NO YES	
Are you pleased with your body and your physical condition?	NO YES	
Has your exercise tolerance or athletic performance been changing?	NO YES	
Would you like an appointment with an Athletic Trainer or physician to discuss any of these things?	NO YES	

ATHLETE'S SIGNATURE _____ **DATE** _____