

Please list any **MEDICATIONS** you are currently taking (including dosage) and for what conditions.

Orthopedic History:

Have you ever sprained / strained, dislocated, fractured, or had repeated swelling or other injury of any bones or joints? Explain any "Yes" answers.

Body Part	YES	NO	Year	Details
Head & Neck				
Shoulder				
Elbow & Arm				
Wrist, Hand & Fingers				
Back & Spine				
Hip & Thigh				
Knee				
Shin & Calf				
Ankle, Foot, & Toes				

Supplements/Nutrition:

List any supplement that you are currently taking or have taken in the past to help improve athletic performance (e.g. Creatine, Protein, etc.)? _____

Are you taking any supplements for weight loss or dieting (e.g. Ephedrine, Ma Huang, Diuretics, etc.)? _____

Would you like to speak to a medical staff member regarding any topics or concerns? (e.g. Nutrition, Supplements, Drugs, Weight Loss/Gain, Sexual Diseases, etc.)? **YES** **NO**

If yes then what topic(s)? _____

Signatures:

I hereby state that the health information has been filled out correctly to the best of my knowledge, and that I have fully disclosed all pertinent information to the University and its team physicians.

Student Athletes Signature

Date

Minor consent form: Permission is hereby granted for this Student Athlete to be treated at The University of Texas-Pan American by the professional medical staff of the Student Health Services or by the team physicians designated by UTPA Athletic Training Staff.

Signature of Parent or Guardian:

Date

Physician's Signature Acknowledging Review of Medical History

Date