Atrium Health
Wake Forest Baptist

Atrium Health Wake Forest Baptist
Orthopaedics & Sports Medicine

INITIAL ATHLETIC HEALTH HISTORY

NAME: _____ DATE OF BIRTH: _____ SEX: ○M ○F

SPORT: _____ CLASS: ○FRSH ○SOPH ○JR ○SR ○5th YR WFU ID# _____

PERMANENT ADDRESS: _____

CAMPUS ADDRESS: _____ CELL PHONE #: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE #: _____ RELATIONSHIP: _____

MEDICAL HISTORY	YES | NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐ | ☐
2. Were you born without or have you suffered the loss of a lung, kidney, eye, testicle, or other organ? If so, what organ?_____	☐ | ☐
3. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐ | ☐
4. Have you ever passed out during or after exercise?	☐ | ☐
5. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐ | ☐
6. Does your heart race or skip beats during exercise?	☐ | ☐
7. Do you tire more quickly than your teammates?	☐ | ☐
8. Has a doctor ever told you that you have asthma or allergies?	☐ | ☐
9. Ever become ill from exercising in the heat?	☐ | ☐
10. When exercising in the heat, have you had severe muscle cramps?	☐ | ☐
11. Has a doctor ever told you that you have: ☐ High Blood Pressure ☐ Heart Murmur ☐ Heart Problem ☐ High Cholesterol ☐ Heart Infection	
DO YOU HAVE OR HAVE YOU EVER HAD:	**YES | NO**
12. Pneumonia?	☐ | ☐
13. Mononucleosis?	☐ | ☐
14. Rheumatic Fever/Scarlet Fever?	☐ | ☐
15. Diabetes?	☐ | ☐
16. Epilepsy/Convulsions/Seizures?	☐ | ☐
17. Any bleeding problems/Anemia?	☐ | ☐
18. An immune system disease?	☐ | ☐
19. A hernia?	☐ | ☐
20. Kidney Disease?	☐ | ☐
21. A stomach disorder/appendicitis?	☐ | ☐
22. Recurrent headaches?	☐ | ☐
23. Abdominal pain/nausea?	☐ | ☐
24. Have you ever been hospitalized?	☐ | ☐
25. Have you had any surgery?	☐ | ☐
26. Have you ever had a stress fracture?	☐ | ☐
27. Do you have a screw, pin, or plate in your body?	☐ | ☐
28. Are you taking **any** prescriptions?	☐ | ☐
29. Are you taking **any** supplements, or vitamins?	☐ | ☐
30. Are you allergic **any** medications or insects?	☐ | ☐
31. Is a doctor presently treating you for any disorder?	☐ | ☐
32. Have you ever had an MRI, Arthrogram, CT Scan, or Bone Scan?	☐ | ☐
IMMUNIZATIONS	
33. When was your last Tetanus booster shot? DATE: _____	
34. When was your last Measles/Mumps/Rubella (MMR) booster shot? DATE: _____	

VISION HISTORY	YES | NO
35. Do you have any type of eye trouble?	☐ | ☐
36. Do you wear glasses or contacts during sports participation? If so, what is your uncorrected vision Right 20/_____ Left 20/_____	☐ | ☐
DENTAL HISTORY	**YES | NO**
37. Do you have any chipped, loose, or missing teeth?	☐ | ☐
38. Do you wear a dental appliance?	☐ | ☐
39. Do you have any type of dental trouble?	☐ | ☐
FAMILY HISTORY **HAVE ANY OF THE FOLLOWING CONDITIONS BEEN PRESENT IN YOUR FAMILY? IF SO, WHOM?**	**YES | NO**
40. Family history of heart conditions?	☐ | ☐
41. High blood pressure?	☐ | ☐
42. Sickle cell anemia or trait?	☐ | ☐
43. Died while exercising?	☐ | ☐
44. Died at less than 50 years of age?	☐ | ☐
45. Asthma?	☐ | ☐
46. Marfan's syndrome	☐ | ☐
47. Eating disorders?	☐ | ☐
48. Depression?	☐ | ☐
GENERAL QUESTIONS	**YES | NO**
49. Have you been wearing any type of brace, support, tape, or other special padding for play?	☐ | ☐
50. Have you had an illness or injury in the lasts 12 months that has not been listed previously or in the injury section of this questionnaire?	☐ | ☐
51. Have you used/Are you using any type of performance enhancing substances or drugs?	☐ | ☐
52. Do you know of any health reason why you should not participate in an athletic program?	☐ | ☐

EXPLAIN ALL"YES" ANSWERS TO THE ABOVE QUESTIONS REFERRING TO THE QUESTIONS BY THEIR NUMBER:

Explanation:

HAVE YOU EVER HAD AN INJURY OF:	YES | NO	SIDE R | L	DATE:	Current Problem? YES | NO	EXPLAIN ANY "YES" ANSWERS
59. **HEAD** (concussion - "knocked out", surgery, hospitalization, other)	☐ | ☐	☐ | ☐		☐ | ☐	
60. **FACE** (fracture, eye injury, ear problem, broken nose, other)	☐ | ☐	☐ | ☐		☐ | ☐	
61. **NECK** (strain, fracture, "stinger - burner", surgery, other)	☐ | ☐	☐ | ☐		☐ | ☐	
62. **SHOULDER** (dislocation, separation, rotator cuff injury, surgery, other	☐ | ☐	☐ | ☐		☐ | ☐	
63. **ARM / ELBOW** (fracture, tendinitis, dislocation, surgery, other	☐ | ☐	☐ | ☐		☐ | ☐	
64. **WRIST / THUMB / HAND** (sprain, fracture, tendinitis, surgery, other)	☐ | ☐	☐ | ☐		☐ | ☐	
65. **FINGER(S)** (sprain, fracture, surgery, other)	☐ | ☐	☐ | ☐		☐ | ☐	
66. **CHEST** (lung injury, heart injury, other)	☐ | ☐	☐ | ☐		☐ | ☐	
67. **ABDOMEN** (kidney injury, spleen injury, liver injury, other)	☐ | ☐	☐ | ☐		☐ | ☐	
68. **GENITALIA** (groin, testicle - ovary, other)	☐ | ☐	☐ | ☐		☐ | ☐	
69. **BACK** (strain, chronic pain, slipped disc, surgery, other)	☐ | ☐	☐ | ☐		☐ | ☐	
70. **HIP / THIGH** (fracture, muscle strain, calcium deposit, surgery, other)	☐ | ☐	☐ | ☐		☐ | ☐	
71. **KNEE** (sprain, cartilage, pain, bursitis, tendinitis, surgery, other)	☐ | ☐	☐ | ☐		☐ | ☐	
72. **LOWER LEG** (sprain, fracture, surgery, other)	☐ | ☐	☐ | ☐		☐ | ☐	
73. **ANKLE** (sprain, fracture, tendinitis, other)	☐ | ☐	☐ | ☐		☐ | ☐	
74. **FOOT** (sprain, fracture, plantar fasciitis - heel spur, surgery, other)	☐ | ☐	☐ | ☐		☐ | ☐	
75. **TOE(S)** (fracture, surgery, other)	☐ | ☐	☐ | ☐		☐ | ☐	
76. **OTHER:**	☐ | ☐	☐ | ☐		☐ | ☐	

NUTRITIONAL HISTORY	YES | NO	EXPLAIN ANY "YES" ANSWERS
77. Have you ever suffered from Anorexia/Bulimia/Eating Disorder?	☐ | ☐	
78. Do you want to weigh more/less than you do?	☐ | ☐	
79. Have you ever induced vomiting to control your weight?	☐ | ☐	
80. Have you ever used laxatives, diuretics or diet pills for weight loss?	☐ | ☐	
81. Are you taking any vitamins, minerals, or supplements?	☐ | ☐	
82. Are there any food groups you choose not to eat (meat, dairy, etc.)?	☐ | ☐	
83. What is your ideal body weight?		

MENTAL HEALTH HISTORY **Have you ever been diagnosed, sought treatment for, and/or experienced any of the following conditions:**	YES | NO	EXPLAIN ANY "YES" ANSWERS
84. Depression	☐ | ☐	
85. Anxiety	☐ | ☐	
86. Bipolar Disorder	☐ | ☐	
87. Personality Disorder	☐ | ☐	
88. Obsessive Compulsive Disorder (OCD)	☐ | ☐	
89. Oppositional Defiant and/or Conduct Disorder	☐ | ☐	
90. Attention Deficit Hyperactivity Disorder (ADHD)	☐ | ☐	
91. Sleep Disorder	☐ | ☐	
92. Grief	☐ | ☐	
93. Substance Abuse problem (including alcohol, marijuana, cocaine, prescription pain medicine, stimulant medication)	☐ | ☐	
94. Other mental health problem (not listed above):	☐ | ☐	

THE UNDERSIGNED ATHLETE:

1. Understands that he/she must refrain from practice or play while ill or injured, whether or not receiving medical treatment, and during medical treatment until he/she is discharged from treatment or is given permission by by a memeber of the Sports Medicine Care Team to restart participation despite continuing treatment.
2. Understands that having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him/her at the time of said evaluation.
3. Certifies that the answers to the above questions are correct and true.

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 years old): _____ Date: _____