Patient Name_____DOB_____

ATHLETES ONLY: SURVEY FOR SPORTS PRE-PARTICIPATION TEEN AND/OR PARENT

1. Has a doctor ever denied or restricted your participation in sports for any reason?

   [ ]Yes [ ]No

2. Do you have any ongoing medical conditions? If so identify.

   [ ]Asthma [ ]Anemia

   [ ]Diabetes [ ]Infection

   [ ]Heart Disease [ ]Sickle Cell Disease

   [ ]Seizures [ ]Mono (past)

   [ ]Other

3. Have you ever passed out or nearly passed out DURING of AFTER exercise?

   [ ]Yes [ ]No

4. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

   [ ]Yes [ ]No

5. Does your heart ever race or skip beats (irregular beats) during exercise?

   [ ]Yes [ ]No

6. Has a doctor ever told you that you have any heart problems? If so, please check all that apply.

    [ ]High blood pressure [ ]High cholesterol

    [ ]Kawasaki disease [ ]A heart murmur

    [ ]A heart infection [ ]Other

7. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram, stress test)

    [ ]Yes [ ]No

8. Do you get lightheaded or feel more short of breath than your friends during exercise?

    [ ]Yes [ ]No

9. Have you ever used an inhaler or taken asthma medication?

    [ ]Yes [ ]No

10. Do you cough, wheeze, or have difficulty breathing during or after exercise?

    [ ]Yes [ ]No

11. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?

    [ ]Yes [ ]No

12. Does anyone in your family have hypertrophic cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, catecholaminergic polymorphic ventricular tachycardia, Marfan syndrome, or arryhythmogenic right ventricular cardiomyopathy?

    [ ]Yes [ ]No

13. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

    [ ]Yes [ ]No

14. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

    [ ]Yes [ ]No

15. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game?

    [ ]Yes [ ]No

16. Have you ever had an injury that required x-rays, MRI, CT scan, injections, physical therapy, a brace, a cast or crutches?

    [ ]Yes [ ]No

17. Have you ever had any broken or fractured bones or dislocated joints?

    [ ]Yes [ ]No

18. Have you ever had a stress fracture?

    [ ]Yes [ ]No

19. Have you ever been told that you have or have had x-ray for neck instability or atlantoaxial instability?

    [ ]Yes [ ]No

20. Do you regularly use a brace, orthotics, or other assistive devices?

    [ ]Yes [ ]No

21. Do you have a bone, muscle, or joint injury that bothers you?

    [ ]Yes [ ]No

22. Do any of your joints become painful, swollen, feel warm, or look red?

    [ ]Yes [ ]No

23. Do you have any history of juvenile arthritis, Marfan syndrome or connective tissue disease?

    [ ]Yes [ ]No

24. Are you missing a kidney, eye, testicle (male), spleen, or any other organ?

    [ ]Yes [ ]No

25. Do you have groin pain or a painful bulge or hernia in the groin area (male)?

    [ ]Yes [ ]No

26. Have you ever had a herpes or MRSA skin infection?

    [ ]Yes [ ]No

27. Have you ever had a concussion or a blow to the head that caused confusion, prolonged headache, or memory problems?

    [ ]Yes [ ]No

28. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?

    [ ]Yes [ ]No

29. Do you have headaches with exercise?

[ ]Yes [ ]No

30. Please explain any “yes” answers to above questions.

_____

_____

Name of person filling out survey _____

Relationship to patient _____

Date _____