

ADOLESCENT & SPORTS PHYSICAL QUESTIONNAIRE

(Patients age 13-18)

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD TODAY?

PLEASE DESCRIBE THE CHILD'S HOME ENVIRONMENT (who they live with and where they live)

GRADE _____ AVERAGE GRADES _____ CAREER GOAL _____

IS THERE A LEARNING DISABILITY OR CONCERN FOR ONE _____

MEDICATIONS & DOSE

UPDATE TO MEDICAL / SURGICAL HISTORY IN LAST YEAR

PLANNED SPORTS & CLUBS

SPORTS HISTORY

Joint pain	YES	NO
Chest pain with activity	YES	NO
Short of breath with activity	YES	NO
History of murmur	YES	NO
History of concussion	YES	NO
Current rashes or sores	YES	NO

FAMILY HISTORY

Cardiac Problems	YES	NO
Asthma or breathing problems	YES	NO
Sudden death during sports	YES	NO
Genetic disease	YES	NO
Seizures	YES	NO
Diabetes	YES	NO

Prior sports injury (and year): _____

SOCIAL HISTORY

Tobacco Use:

Type: _____ Amount: _____

Alcohol Use:

Type: _____ Amount: _____

Drug Use:

Type: _____ Amount: _____

Sexually Active:

YES NO

Birth Control: _____

NUTRITION & EXERCISE (briefly describe diet and exercise level)

Ideal Weight: _____ Last Period: _____ Regular? YES NO

PREVENTION

Dental check-up in last year?	YES	NO	Have you been vaccinated for HPV?	YES	NO
Eye exam in last year?	YES	NO	Are you interested in birth control?	YES	NO
Do you feel safe at home?	YES	NO	Does anyone abuse you in any way?	YES	NO
Do you feel depressed?	YES	NO	Do you want to speak to provider alone?	YES	NO

MOOD

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	<i>None</i>	<i>several days</i>	<i>more than half</i>	<i>nearly every day</i>
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

Wellness or Physicals are intended to address only preventive care. Most commercial & federal insurance providers **WILL NOT COVER** evaluation of new medical conditions. As such, new concerns/problems may be assessed an additional charge.