

# WELL CHILD & SPORTS PHYSICAL QUESTIONNAIRE

(Patients age 6-12)

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD TODAY?

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

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GRADE \_\_\_\_\_ AVERAGE GRADES \_\_\_\_\_ CAREER GOAL \_\_\_\_\_

IS THERE A LEARNING DISABILITY OR CONCERN FOR ONE \_\_\_\_\_

MEDICATIONS & DOSE

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UPDATE TO MEDICAL / SURGICAL HISTORY IN LAST YEAR

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PLANNED SPORTS & CLUBS

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## 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): \_\_\_\_\_

NUTRITION & EXERCISE (briefly describe diet and exercise level)

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Ideal Weight: \_\_\_\_\_ Last Period: \_\_\_\_\_ Regular? YES NO

**PREVENTION**

Dental check-up in last year?	YES	NO	Do you feel safe at home?	YES	NO
Eye exam in last year?	YES	NO	Does anyone abuse you in any way?	YES	NO
Do you feel depressed?	YES	NO	Do you feel stressed out?	YES	NO

**GROWTH AND DEVELOPMENT**

How many hours of sleep nightly?	_____	How many hours of screen time daily?	_____
Do they snore?	YES NO	Do they exercise regularly for >30 min?	YES NO
Does your child have sleep problems?	YES NO	Bedwetting?	YES NO
Does your child know how to swim?	YES NO	Constipation or Bowel Issues?	YES NO

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.