



NEW SPORTS MEDICINE ONLY- <18 Years Old

Name: _____ Date of Birth: _____ Date: _____

Please answer all questions accurately and completely.

Please list any major medical problems and dates:

Hospitalizations/Operations and dates: _____

Broken bones or severe injuries and dates: _____

If applicable, please list when any concussions occurred and approximately how long it took to recover.

Please list ALL medications, vitamins, herbs and supplements you presently take regularly or occasionally, prescription, and non-prescription. Include dose and frequency:

Please list any allergies and reactions to medications, supplements or vaccinations.

What illnesses/diseases run in your family?

Mother: _____

Father: _____

Siblings: _____

Other: _____

Please list your school and grade. _____

Please list any organized sports you play. _____

Please list any extra-curricular activities you do. _____