University of North Texas
Health Science Center at Fort Worth

Sports Medicine
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Name: _____ Age _____ Sex: M F Date: _____

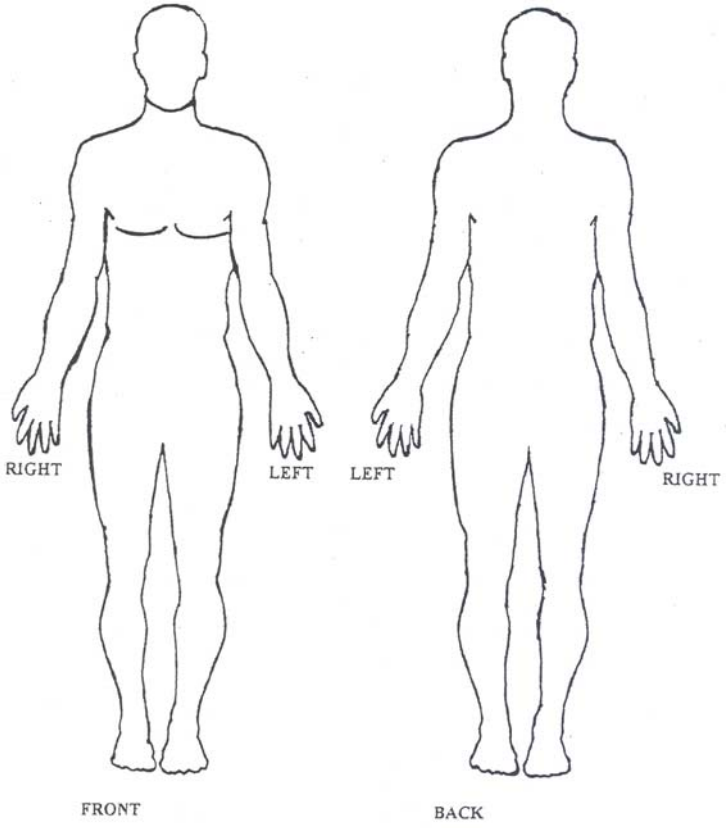
Occupation: _____ Date of Injury: _____

Athletic / Sports Team _____ School: _____

PAIN DIAGRAM

MARK THE AREAS ON YOUR BODY WHERE YOU FEEL THE DESCRIBED SENSATIONS:

ACHE	NUMBNESS	PINS & NEEDLES	BURNING	STABBING
AAAA	OOOOOOO	==========	XXXXXX	/ / / / / / / / / /



Chief complaint: _____

_____

TESTS AND TREATMENTS

PREVIOUS TESTS FOR THIS CONDITION:

	How many	When (mo/yr)	What Facility (clinic/hospital)	Results (as told to you)
☐ NONE				
☐ Regular X-rays	_____	_____	_____	_____
☐ CAT Scan	_____	_____	_____	_____
☐ MRI Scan	_____	_____	_____	_____
☐ Discogram	_____	_____	_____	_____
☐ Injections	_____	_____	_____	_____
☐ Myelogram	_____	_____	_____	_____
☐ Nerve Tests (EMG/NCV)	_____	_____	_____	_____
☐ Other:	_____	_____	_____	_____

PREVIOUS TREATMENTS FORTHIS CONDITION:

	No Help	Some Relief	Good Relief
☐ NONE			
Medication (name if known)			
☐ Anti-inflammatory _____	☐	☐	☐
☐ Muscle relaxants _____	☐	☐	☐
☐ Pain medications _____	☐	☐	☐
☐ Other(s) _____	☐	☐	☐
Therapies:			
☐ Chiropractic care _____	☐	☐	☐
☐ Physical therapy _____	☐	☐	☐
☐ Other(s) _____	☐	☐	☐

Previous treating doctors: _____

Specialty(ies), i.e. surgeon: _____

CURRENT TREATMENTS FOR THIS OR SIMILAR CONDITIONS:

Treatment type	Name (Describe type, frequency & dose)	Last treatment mo/yr)
☐ NONE		
☐ Aspirin/Tylenol	_____	_____
☐ Therapeutic medications	_____	_____
☐ Chiropractic care/manipulation	_____	_____
☐ Physical therapy/rehab	_____	_____
☐ Psychological consultation	_____	_____
☐ Other _____	_____	_____

GENERAL MEDICAL HISTORY

MAJOR ILLNESSES:

Now Past history

❍ ❍ NONE
❍ ❍ Heart trouble: ☐ angina; ☐ heart attack; ☐ heart murmur; ☐ valve disease; other ____
❍ ❍ Vascular: ☐ high blood pressure; ☐ stroke; ☐ varicose veins; other _____
❍ ❍ Ulcers/digestive: ☐ stomach; ☐ duodenal; ☐ colon; other _____
❍ ❍ Diabetes (high blood sugar): ☐ insulin dependent _____
❍ ❍ Liver disease: ☐ hepatitis; ☐ type A; ☐ type B; ☐ cirrhosis; other _____
❍ ❍ Kidney disease: ☐ stones; ☐ infections; other _____
❍ ❍ Lung disease: ☐ emphysema; ☐ TB; ☐ chronic bronchitis; ☐ cancer; ☐ frequent pneumonia; ☐ asthma; other _____
❍ ❍ Blood disorder: ☐ anemia; ☐ leukemia; ☐ bleeding tendency; other _____
❍ ❍ Eye disorder: ☐ glaucoma; other _____
❍ ❍ Arthritis: ☐ degenerative; ☐ rheumatoid; ☐ gout; other _____
❍ ❍ Cancer: Type _____
❍ ❍ Psychological difficulties: ☐ depression; ☐ psychosis; other _____
❍ ❍ Ladies: ☐ menstrual problems: vaginal bleeding after menopause; ☐ vaginal discharge; ☐ problems with sexual function; other _____
❍ ❍ Men: ☐ discharge; ☐ problems with sexual function; other _____
❍ ❍ Childhood diseases: ☐ rheumatic fever; ☐ other major _____
❍ ❍ Other Illnesses _____

MAJOR SURGERIES:

☐ NONE
☐ Tonsillectomy ☐ Hysterectomy ☐ Joint repair – location_____
☐ Appendectomy ☐ Vasectomy ☐ Digestive
☐ Gall bladder ☐ Biopsy ☐ Hernia
☐ Heart ☐ Fracture repair – location _____
☐ Other _____

MAJOR INJURIES:

☐ NONE
☐ Auto or cycle accidents, etc. Describe: _____
☐ Prior sports or misc. injuries. Describe: _____

ALLERGIES:

	TO WHAT (PLEASE LIST ALL THAT APPLY)			REACTIONS (Describe)
☐ NONE				
☐ To medicines	☐ _____	☐ _____	☐ _____	☐ _____
☐ To other things	☐ _____	☐ _____	☐ _____	☐ _____

Please list all medications

_____ _____ _____
_____ _____ _____

FAMILY, SOCIAL & LIFESTYLE

FAMILY MEDICAL HISTORY

MOTHER: ☐ Alive-age _____ ☐ Good health ☐ Suffers with _____
☐ Deceased – age ____ ☐ Cause: _____
FATHER: ☐ Alive-age _____ ☐ Good health ☐ Suffers with _____
☐ Deceased – age ____ ☐ Cause: _____
I have ____living brothers/sisters; ____ deceased brothers/sisters, cause(s) _____

Members of my family (brothers, sisters, grandparents, aunts and uncles) suffer with the following:

☐ None
☐ Diabetes _____
☐ Lung disease _____
☐ Stroke _____
☐ Back problems _____
☐ Don't know
☐ High blood pressure _____
☐ Heart trouble _____
☐ Arthritis _____
☐ Other_____

SOCIAL HISTORY

☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower ☐ Single
Number of children ____ ☐ at home ☐ away ☐ Other dependants:_____
☐ I work as a _____ Previous occupation(s):_____
☐ I have been retired____ years from _____
☐ I have special needs. Explain _____

Alcohol use: ☐ beer ☐ wine ☐ "hard" drinks ☐ None
Frequency: ☐ rarely ☐ socially ☐ daily
Tobacco use: ☐ cigarettes ☐ cigar pipe ☐ smokeless/leaf ☐ None
Frequency: _____ per day for _____ years.

WHAT DO YOU WANT TO HAPPEN AS A RESULT OF THIS VISIT?
_____
_____

IS THERE ANYTHING THAT WE HAVE FAILED TO ASK YOU THAT YOU BELIEVE IS IMPORTANT? ☐ Yes ☐ No Explain _____