

HISTORY FORM

(Note: Form to be completed by the patient and parent/guardian prior to seeing the provider. Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

| | | | |
|----------------------------|-----|----|---|
| Do you have any allergies? | Yes | No | If yes, please identify specific allergy below. |
| Medicines | | | [REDACTED] |

| THESE QUESTIONS LET US KNOW ABOUT ANY BONE OR JOINT PROBLEMS THAT COULD LIMIT YOUR ABILITY TO BE PHYSICALLY ACTIVE. | YES | NO |
|---|-----|----|
| 15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game? | | |
| 16. Do you have a bone, muscle, ligament, or joint injury that bothers you? | | |

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