

WEST ALABAMA PEDIATRICS

DR. DAVID WALBURN

(Name)

(Date of Birth)

(Date of Exam)

GENERAL QUESTIONS

- 1.) Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports? Y
2.) Do you have an ongoing medical condition (like diabetes, asthma, anemia, infections)? Y
3.) Are you currently taking any prescription or non prescription (over-the-counter) medicines or pills? Y

List:

- 4.) Do you have allergies to medicines, pollen, foods, or stinging insects? Y
5.) Have you ever spent the night in a hospital? Y
6.) Have you ever had surgery? Y
7.) Have you ever had an injury that required X-Rays, MRI, CT scan? Y

HEART HEALTH QUESTIONS ABOUT YOU

- 8.) Have you ever passed out or nearly passed out DURING or AFTER exercise? Y
9.) Have you ever had discomfort, pain, tightness, or pressure in our chest during exercise? Y
10.) Does your heart race or skip beats (irregular beats) during exercise? Y
11.) Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, echo cardiogram, stress test) Y
12.) Do you get lightheaded or feel more short of breath than expected during exercise? Y
13.) Do you get more tired or short of breath more quickly than your friends during exercise? Y

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

- 14.) Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including unexplained drowning, unexplained car accident, or sudden infant death syndrome)? Y
15.) Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? Y
16.) Does anyone in your family have a heart problem, pacemaker or implanted defibrillator? Y
17.) Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? Y

BONE AND JOINT QUESTIONS

- 18.) Have you ever had a sprain, muscle/ligament tear or tendonitis that caused you to miss a practice or game? Y
19.) Have you had any broken bones, stress fracture or dislocated joints? Y
20.) Do you have a bone, muscle, or joint injury that bothers you? Y
21.) Do any of your joints become painful, swollen, feel warm, or look red? Y

MEDICAL QUESTIONS

- 24.) Has a doctor ever told you that you OR anyone in your family have asthma or allergies? Y
25.) Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise? Y
26.) Have you ever used an inhaler or taken asthma medicine? Y
27.) Have you had infectious mononucleosis (mono) within the last month? Y
28.) Have you ever had a head injury or concussion? Y
29.) Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? Y
30.) Do you have a history of seizure disorder? Y
31.) Do you have headaches with exercise? Y
32.) Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Y
33.) Have you ever become ill while exercising in the heat? Y
34.) Do you get frequent muscle cramps when exercising? Y
35.) Have you had any eye injuries? Y
36.) Are you trying to or has anyone recommended that you gain or lose weight? Y
37.) Are you on a special diet or do you avoid certain types of foods? Y
38.) Do you have any concerns that you would like to discuss with a doctor? Y