

Nationwide Children's Sports Medicine New Patient Screening Questionnaire

What is your relationship to the patient?		Mother / Father / Guardian / Caregiver / Self / EMS / Other: _____						
Reason for Visit:	Left	Right	Both	Head	Ankle/Foot	Hip/Thigh	Knee	Back
Lower Leg	Shoulder	Elbow	Hand	Fingers	Wrist	Other:		
Females ONLY:								
Has the patient had a menstrual period?				Yes	No	Is the patient pregnant? Yes No		
Does the patient go more than 35 days between periods?				Yes	No	How old was the patient at 1st period? _____		
Does the patient take hormonal contraceptives?				Yes	No	Number of Periods in last 12 months? _____		
						What was the first day of your last period? _____		
Allergies:								
Does the patient have any known drug allergies?				Yes	No			
If yes, what Reaction?				List:				
Do you have any concerns about: (please circle yes or no)								
...the patient's eating habits				Yes	No			
Would you be interested in Sports Nutrition Services?				Yes	No			
...the patient's development or activities?				Yes	No			
...the patient's behavior?				Yes	No			
...meeting spiritual or cultural needs while here?				Yes	No			
Barriers to Learning: (please circle)								
Patient's Preferred Language				English	Spanish	Somali	Other:	
Caregiver's Preferred language				English	Spanish	Somali	Other:	
Preferred Learning Method				Written	Auditory	Visual	Other:	
Immunizations up to date?				Yes	No	Comment:		
Medical History (please circle)								
Does the patient have any medical illnesses or conditions?				Yes	No	List:		
Has the patient ever had surgery?				Yes	No	List:		
Does patient's immediate family have any medical conditions:				Yes	No	List:		
Is there any use of tobacco products by the patient?				Yes	No			
Is there any use of tobacco products by anyone in the home?				Yes	No			

Medication History (please circle)									
Has the patient received the flu vaccine? (please circle)	Yes	No	Mist / Shot	Date:					
If yes, who provided the flu vaccination?	Primary Care / Health Dept / School / Other: _____								
Does the patient currently take any medications?	Yes	No	List:						
Is the patient taking any investigational medications?	Yes	No	List:						
Is the patient taking over the counter medications?	Yes	No	List:						
School Information									
Current School:	EL / MS / HS / UNIV								
Current Sports / Activities:	List:								
Does the patient participate with any of the following clubs and/or organizations? (Please Circle)									
Adidas Soccer	COSA	Licking County Youth Baseball/Softball	Richens/Timm Academy of Irish Dance						
Bartelt Dance	Dublin Rec Center	Licking County Youth Football League	St. Matthews Athletics						
Bexley Park and Rec	Dublin Soccer League(DSL)	Licking County Youth Wrestling	Top Gun Football						
Big Walnut Youth Football	Dublin Youth Football	London Parks and Rec	Union County YMCA Gymnastics						
Big Walnut Youth Lacrosse	Dublin Youth Sport Organization(DYA)	Marysville Lacrosse Club	Universal Gymnastics						
Broadway Bound Dance	Fellowship of Christian Athletes(FCA)	MOSSL Soccer	US LAX						
Buckeye Classic(Buckeye Gymnastics)	Generations Dance	New Albany Dance	WASA						
Canal Winchester Parks and Rec	Girls on the Run	New Albany Parks and Rec	Westerville Lacrosse Club						
Capital Amateur Hockey Association	GNA	New Albany Youth Football	Westerville Parks and Rec						
Club Ohio Soccer	Groveport Rec Center	Ohio Girls Basketball Report	Westerville Youth Baseball/Softball						
Columbus Dance Theatre	Hillaird Ohio Soccer Association	Ohio Sports Plus	Will Allen Youth Skills Football Camp						
Columbus Sleds Hockey Club	Leap of Faith Dance Center	Olentangy Youth Athletic Association	Other: _____						
Activity Questionnaire:									
On average, how many minutes of exercise per day does the patient participate in sport/activity?									
0	10	20	30	40	50	60	90	120	150+
How many days per week does the patient participate in moderate to vigorous exercise?									
0	1	2	3	4	5	6	7		
How many activities do you do per week to accomplish this exercise? (e.g. sports practice, P.E. class, conditioning, playing at the park, skateboarding, etc.)									
0	1	2	3	4	5+				
List the activities noted above.									
Sport:	Sport:	Sport:	Other:						
Team Conditioning	Personal Workout	P.E (gym) class	Other:						

