**Nationwide Children’s Sports Medicine New Patient Screening Questionnaire**

**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
- Does the patient go more than 35 days between periods?  
  - Yes
  - No
- Does the patient take hormonal contraceptives?  
  - Yes
  - No
- Number of Periods in last 12 months?  
  - _____
- Allergies:  
  - Yes
  - No
- What was the first day of your last period?  
  - _____
- Is the patient pregnant?  
  - Yes
  - No
- How old was the patient at 1st period?  
  - _____
- Written
- Auditory
- Visual
- Other:

**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

**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
<table>
<thead>
<tr>
<th>Primary Care / Health Dept / School / Other:__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mist / Shot</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

Does the patient currently take any medications?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>List:</th>
</tr>
</thead>
</table>

Is the patient taking any investigational medications?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>List:</th>
</tr>
</thead>
</table>

Is the patient taking over the counter medications?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>List:</th>
</tr>
</thead>
</table>

**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)**

<table>
<thead>
<tr>
<th>Adidas Soccer</th>
<th>COSA</th>
<th>Licking County Youth Baseball/Softball</th>
<th>Richens/Timm Academy of Irish Dance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartlett Dance</td>
<td>Dublin Rec Center</td>
<td>Licking County Youth Football League</td>
<td>St. Matthews Athletics</td>
</tr>
<tr>
<td>Bexley Park and Rec</td>
<td>Dublin Soccer League(DSL)</td>
<td>Licking County Youth Wrestling</td>
<td>Top Gun Football</td>
</tr>
<tr>
<td>Big Walnut Youth Football</td>
<td>Dublin Youth Football</td>
<td>London Parks and Rec</td>
<td>Union County YMCA Gymnastics</td>
</tr>
<tr>
<td>Big Walnut Youth Lacrosse</td>
<td>Dublin Youth Sport Organization(DYA)</td>
<td>Marysville Lacrosse Club</td>
<td>Universal Gymnastics</td>
</tr>
<tr>
<td>Broadway Bound Dance</td>
<td>Fellowship of Christian Athletes (FCA)</td>
<td>MOSSL Soccer</td>
<td>US LAX</td>
</tr>
<tr>
<td>Buckeye Classic(Buckeye Gymnastics)</td>
<td>Generations Dance</td>
<td>New Albany Dance</td>
<td>WASA</td>
</tr>
<tr>
<td>Canal Winchester Parks and Rec</td>
<td>Girls on the Run</td>
<td>New Albany Parks and Rec</td>
<td>Westerville Lacrosse Club</td>
</tr>
<tr>
<td>Capital Amateur Hockey Association</td>
<td>GNA</td>
<td>New Albany Youth Football</td>
<td>Westerville Parks and Rec</td>
</tr>
<tr>
<td>Club Ohio Soccer</td>
<td>Groveport Rec Center</td>
<td>Ohio Girls Basketball Report</td>
<td>Westerville Youth Baseball/Softball</td>
</tr>
<tr>
<td>Columbus Dance Theatre</td>
<td>Hilliard Ohio Soccer Association</td>
<td>Ohio Sports Plus</td>
<td>Will Allen Youth Skills Football Camp</td>
</tr>
<tr>
<td>Columbus Sleds Hockey Club</td>
<td>Leap of Faith Dance Center</td>
<td>Olentangy Youth Athletic Association</td>
<td>Other: ____________</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Sport:</th>
<th>Sport:</th>
<th>Sport:</th>
<th>Other:</th>
</tr>
</thead>
</table>

**Team Conditioning | Personal Workout | P.E (gym) class | Other:**