Ambler Pediatrics
Preparticipation Sports Physical Exam

Patient Name _____ Date of Birth _____

Patient History	
Hospitalizations/ Surgery	**□ Yes □ No Explain: _____**
Medications/supplements	**□ Yes □ No Explain: _____**
On-going medical problems	**□ Yes □ No Explain: _____**
Missing organ (kidney, eye, testicle, etc)	**□ Yes □ No Explain: _____**
Previous head injury or concussion	**□ Yes □ No Explain: _____**
Heat-related injury	**□ Yes □ No Explain: _____**
High BP or high cholesterol	**□ Yes □ No Explain: _____**
Allergies	**□ Yes □ No Explain: _____**
Rashes or other skin problems	**□ Yes □ No Explain: _____**
Cough/wheeze w/exercise	**□ Yes □ No Explain: _____**
Special equipment needs	**□ Yes □ No Explain: _____**
Visual problems	**□ Yes □ No Explain: _____**
Previous bone/joint/muscle injury	**□ Yes □ No Explain: _____**
Acute injury	**□ Yes □ No Explain: _____**
Weight problems, too high or too low	**□ Yes □ No Explain: _____**
Stress/risky behavior	**□ Yes □ No Explain: _____**
***Females*-- # of periods in last 12 months**	**□_____ □ N/A**

Cardiac Quiz	
Have any close relatives had:	
Premature death, cardiac, drowning or other (under 50)	**□ Yes □ No Who _____ Comments _____**
Hypertrophic cardiomyopathy	**□ Yes □ No Who_____ Comments _____**
Dilated cardiomyopathy	**□ Yes □ No Who_____ Comments _____**
Long QT syndrome	**□ Yes □ No Who_____ Comments _____**
Marfan syndrome	**□ Yes □ No Who_____ Comments _____**
Clinically important arrhythmias	**□ Yes □ No Who_____ Comments _____**
Has patient had:	
Excessive, unexplained fatigue w/exercise	**□ Yes □ No Explain: _____**
Excessive, unexpected shortness of breath	**□ Yes □ No Explain: _____**
Exertional chest pain or discomfort	**□ Yes □ No Explain: _____**
Exertional fainting or near-fainting	**□ Yes □ No Explain: _____**
Heart murmur or systemic hypertension	**□ Yes □ No Explain: _____**

Questionnaire completed by: _____ R elationship to patient: _____
(please print)

By signing below, I certify that the above information I have provided is accurate to the best of my knowledge.

_____ Today's Date: _____