Adolescent Sports Physical

LONG VERSION

KAISER PERMANENTE

IMPRINT AREA

DATE

SPORTS PARTICIPATION QUESTIONNAIRE

Please explain "Yes" answers below. Circle questions you don't know the answers to. Thanks!

Do you have any **QUESTIONS** or **CONCERNS** that you would like to discuss today? ❑ None

Clinician Use Area

☑ SPORTS QUESTIONS...

		Yes	No
1.	Have you had a serious medical illness or injury since your last check up?	❑	❑
2.	Have you been hospitalized or had any surgery since your last check up?	❑	❑
3.	Are you currently taking any prescription or "over the counter" medications?	❑	❑
4.	Do you have any allergies to medications?	❑	❑
5.	Do you have any missing organs (eye, kidney, testicle)?	❑	❑
6.	Do you have any heart problems or high blood pressure?	❑	❑
7.	Have you ever had chest pain or passed out during or after exercise?	❑	❑
8.	Has any family member died suddenly at less than 50 years old?	❑	❑
9.	Have you ever had convulsions (seizures)?	❑	❑
10.	Have you ever had a serious head injury, concussion or been knocked out?	❑	❑
11.	Have you ever had numbness or tingling in your arms, hands, legs or feet?	❑	❑
12.	Do you frequently cough or wheeze during or after exercise?	❑	❑
13.	Do you have asthma?	❑	❑
14.	Have you ever had a serious joint injury or fracture?	❑	❑
15.	Do you use any protective or corrective equipment (ex: knee brace)?	❑	❑
16.	Do you have any problems with pain or swelling of joints, bones or muscles?	❑	❑
17.	Do you have any current skin problem like fungus (ringworm)?	❑	❑
18.	Have you ever become ill from exercising in the heat?	❑	❑
19.	Have you ever been told not to participate in sports?	❑	❑

Please explain **"Yes"** answers here:

☑ FOR WOMEN...

20. At what age did you have your first menstrual period? _____ years old
21. When was your most recent menstrual period? _____ month/year
22. What was the longest time between periods in the last year? _____ months

Sign Here 1 _____

"I hereby state that, to the best of my knowledge, my answers to the above questions are correct."

Signature of athlete_____ Signature of parent_____

STOP HERE. THANKS FOR FILLING OUT THIS QUESTIONNAIRE!

Revised 6/12/98

Adolescent Sports Physical

Speed Charting Plus V. 2.1

KAISER PERMANENTE

Age:_____years Vision: R____/____ L____/____

Weight:_____# Height:_____in Blood Pressure:_____/_____

Heart Rate:_____ Sign Here 1 _____MA/LVN/RN

This information is **CONFIDENTIAL**. It will not be shared with ***anyone*** (unless you are considering suicide, or are being sexually or physically abused). Check "Skip It" if you prefer not to answer right now.

Clinician Use Area
C: Counseling
1 _____

☑ CONFIDENTIAL HEALTH QUESTIONS...

	Yes	No	Skip It	
23. Are you having trouble in school (teachers, classes)?	❑	❑	❑	❍(C)
24. Do you spend a lot of time thinking about food, weight and body size?	❑	❑	❑	❍(C)
25. Do you have **serious** concerns about being physically or sexually abused?	❑	❑	❑	❍(C)
26. Have you smoked cigarettes or chewed tobacco in the last 3 months?	❑	❑	❑	❍(C)
27. Have you drunk alcohol (beer, wine, liquor) in the last 3 months?	❑	❑	❑	❍(C)
28. Have you ever tried other drugs (marijuana, cocaine, etc.)?	❑	❑	❑	❍(C)
29. Have you ever used sports performance enhancing drugs (steroids, etc.)?	❑	❑	❑	❍(C)
30. Have you ever been in a car where the driver was drinking or on drugs?	❑	❑	❑	❍(C)
31. Have you started having sex?	❑	❑	❑	❍(C)
32. Have you ever **seriously** thought about killing yourself?	❑	❑	❑	❍(C)

HISTORY

❑ See Questionnaires

☑ = YES, ORDERED
❑ = NO, NOT EXAMINED or ORDERED

PHYSICAL EXAM

NL (NL = Normal, AB = Abnormal)	AB
❑ **Eyes** (pupils equal)	❑
❑ **ENT** (TM's clear, pharynx nl, no caries)	❑
❑ **Neck** (supple, no adenopathy)	❑
❑ **Heart** (regular rhythm, no murmer/gallop)	❑
❑ **Chest** (clear, no rales or wheezing)	❑
❑ **Abdomen** (no masses or organomegaly)	❑
❑ **Skin** (no rashes)	❑
❑ **Genitalia-male** (no hernia)	❑
TANNER STAGE (male): 1 2 3 4 5	
❑ **Neurologic** (non focal, nl tone)	❑

Abnormal Findings:

NL	Musculoskeletal	AB
❑	symmetric **extremities and trunk**	❑
❑	normal ROM of **neck**	❑
❑	symmetric **trapezius** strength	❑
❑	symmetric **deltoid** size/strength, no pain	❑
❑	normal ROM of **shoulders** without pain	❑
❑	normal ROM of **elbows**	❑
❑	normal ROM of **forearm & wrists**	❑
❑	normal **hand & fingers**	❑
❑	normal ROM of **back** (no pain), no scoliosis	❑
❑	symmetric **shoulders, waist, thighs and calves**	❑
❑	normal ROM without pain of **knees & hips**	❑

ASSESSMENT

❑ **Full Participation in All Sports Activities**
❑ **Limited Participation in:**
❑ **No Participation in:**

PLAN

Referral: ❑ Teen Clinic ❑ P.T. ❑ Ob-Gyn ❑ Cardiology ❑ Orthopedics ❑ M. H.
Immunizations: ❑ Hep B ❑ Td ❑ MMR ❑ V-Z ❑
Labs: ❑ CXR ❑ ECG ❑ V-Z Serology ❑

❑ R.T.C. in 1 and 6 months for Hep B vaccine
R.T.C. 1-3 Years for next Well Check or P.R.N. **Sign Here** 1 **MD/DO/NP**