

PHYSICAL ACTIVITY FORM

PATIENT NAME _____ AGE _____ DATE _____

Please list all sports you may participate in over the next 12 months: _____

	YES	NO
Have you ever passed out or nearly passed out DURING OR RIGHT AFTER EXERCISE?	_____	_____
Do you ever get light-headed DURING EXERCISE?	_____	_____
Does your heart ever flutter or skip beats DURING EXERCISE?	_____	_____
Do you ever get very short of breath (more than your friends, or so much that you can't catch your breath) DURING EXERCISE?	_____	_____
Have you ever had chest pain, chest tightness, or pressure in your chest DURING EXERCISE?	_____	_____
Has a doctor ever told you that you have any heart problems or recommended a test for your heart like an ECG/electrocardiogram or echocardiogram?	_____	_____
Are there any family members who died of heart problems before age 35?	_____	_____
Are there any family members who had unexpected, unexplained death before age 35 (include SIDS, car accident, drowning, others)	_____	_____
Has anyone in your family had a pacemaker or implantable defibrillator before the age of 35?	_____	_____

IN THE PAST YEAR have you had any injuries? _____ If yes, please list: _____

IN THE PAST YEAR have you been hospitalized or had surgery? _____ If yes, please list: _____

Have you ever had a seizure? _____ If yes, when: _____

Have you ever had a concussion? _____ If yes, when: _____

Do you have asthma? _____

Do you take any medications? _____ If yes, please list: _____

Do you have any allergies (i.e. medicines, foods, wasps/bees)? _____ If yes, please list: _____

FOR GIRLS:
 At what age did you have your first period? _____ How often do you usually have a period? _____
 How long do your periods usually last? _____
 If your periods are irregular, **IN THE LAST YEAR** what is the longest time you have gone between periods? _____

FOR BOYS:
 Do you have groin or testicle pain or a painful bulge or hernia in the groin area? _____

SIGNATURE OF PATIENT OR PARENT _____ DATE _____