

SPORTS MEDICINE CENTRE - NUOVA DECATHLON s.r.l. - Corsico - MILAN

Medical History Form

IL MEDICO VISITATORE

Last name, First name: _____

Doctor's signature for
acknowledgement

A. Family Medical History

1. a	Do you have anyone in your Family (parents, siblings, grandparents) who had an unexplainable death before the age of 50? Who?	NO	YES
1. b	Do you have any relatives who have/had a history of heart disease or congenital cardiac anomalies? Who?	NO	YES

B. Personal Medical History

2.	Have you ever fainted?	during physical exercise	NO	YES
		after physical exercise	NO	YES
		not relating to physical exercise	NO	YES
3.	Has a Doctor ever told you that you have any of the following problems: cardiac, high blood pressure, high cholesterol, heart murmur, cardiac arrhythmia, rheumatic disease, heart disease or other? Which?	NO	YES	
4.	Has a Doctor ever prescribed you a test for the heart, for example ECG, Holter or ECO?	NO	YES	
5.	Has a Doctor ever told you that you suffer from asthma, seizures, epilepsy, diabetes, obesity, orthopedic problems, neurological problems, respiratory disease, health problems that prevent you from doing sports or other? Which:	NO	YES	
6.	Do you have any allergies?	NO	YES	
7.	Are you currently using any cures for example any type of medicine or something prescribed by a Doctor or OTC pills or inhalers?	NO	YES	
8.	Have you ever been admitted to a Hospital/Clinic for surgical operations/major traumatic injuries or accidents? Which:	NO	YES	
9.	Have you been taking any medications constantly for the past two years?	NO	YES	
10.	Do you have any visual problems?	NO	YES	
11.	Do you have any hearing problems?	NO	YES	
12.	Menstrual cycle: NO YES Year: Last date of your menstrual cycle / /			
13.	Do you smoke? NO YES How many per day?: Do you consume alcohol? NO YES			
14.	Do you or have you ever taken any drugs? NO YES If yes which ones:			

C. Sports history

15.	Which sport/s do you practise?	How many times a week do you train?	For how long do you train?	Any competitions?

This Medical History Form has to be completed by the Parents if the athlete is under age. All information will be kept confidential.

Date: ____ / ____ / ____

Signature (Parent's signature if Athlete is under age)