GOLF PERFORMANCE PROGRAM Medical History Questionnaire

FIRST NAME: _____ LAST NAME: _____ DOB: ____/____/___

AGE: _____ SEX: M F SPORT:_____

PHONE: _____ ADDRESS: _____

EMAIL: _____

How long have you been playing golf_____

TOP 3 GOALS:

1. _____
2. _____
3. _____

DO YOU HAVE ANY PAIN TODAY?__YES___ NO___

IF YES, WHERE IS YOUR PAIN? _____

EMERGENCY CONTANT

Emergency Contact: _____ Relationship: _____

Contact Phone Number: _____

ASTHMA

Have you ever been diagnosed with asthma and/or Exercise Induced Asthma? ___ Yes ___ No
Please describe: _____
Are you currently taking/have you previously taken any allergy medications or used an inhaler?
__ Yes __ No
Please describe: _____
How many acute asthma attacks have you had in the past 24 months?
Please describe: _____

CURRENT MEDICATIONS And reason for use.

_____

_____

_____

CONCUSSION HISTORY

Have you ever suffered a head injury/concussion (no matter how minor)? ___ Yes ___ No
How many? _____
Dates: _____
Have you ever been evaluated by a physician for a head injury? ___ Yes ___ No
Please describe: _____
Have you ever been hospitalized, become unconscious, and/or lost your memory from a head injury? ___ Yes ___ No
Please explain: _____
Do you suffer from frequent headaches? ___ Yes ___ No
How often? _____
Please describe: _____
Do you have a history of seizures? ___ Yes ___ No
Please describe: _____

ORTHOPEDIC HISTORY Have you ever injured (sprained, strained, dislocated, fractured, or had repeat swelling) any of the following:

Body Part	Yes	No	Explanation
Head/Face			
Neck			
Chest			
Shoulder			
Elbow			
Wrist/Hand			
Thumb/Fingers			
Back			
Hip/Thigh			
Knee			
Lower Leg			
Ankle			
Foot/Toes			

Have you ever been diagnosed with a stress reaction or fracture? _____ Yes ___ No
Please describe: _____

Name any recent injures or illnesses within the last 18 months which resulted in surgery, hospitalization, or loss of participation:

_____

_____

_____. _____

Athlete Signature Date

_____ _____

Parent/Guardian Signature (if under 18) Date

_____

Parent/Guardian Print Name