

2016 GOYA MEDICAL HISTORY QUESTIONNAIRE

GOYAN'S NAME _____ DATE _____

Have you had or do you have now? (Answer each question with a Y or N)

1. Concussion or Head injury (number) ___ No ___ Yes Explain _____
2. Bone infection ___ No ___ Yes Explain _____
3. Lost consciousness after injury ___ No ___ Yes Explain _____
4. Joint dislocations ___ No ___ Yes Explain _____
5. Skull fracture ___ No ___ Yes Explain _____
6. Other joint problems ___ No ___ Yes Explain _____
7. Broken nose ___ No ___ Yes Explain _____
8. Ulcer or recurrent abdominal pain ___ No ___ Yes Explain _____
9. Convulsion or epilepsy ___ No ___ Yes Explain _____
10. Tendency to bleed or bruise easily ___ No ___ Yes Explain _____
11. Tendency to faint ___ No ___ Yes Explain _____
12. Recurrent rash ___ No ___ Yes Explain _____
13. Dizziness or fainting with exercises ___ No ___ Yes Explain _____
14. Condition affecting balance or coordination ___ No ___ Yes Explain _____
15. Heart problem or murmur ___ No ___ Yes Explain _____
16. Weight problem (Under or Overweight) ___ No ___ Yes Explain _____
17. Chest pairs or palpitation with exercise ___ No ___ Yes Explain _____
18. Headaches or migraines ___ No ___ Yes Explain _____
19. Allergies - Food ___ No ___ Yes Explain _____
20. Temporary loss of vision Hearing loss ___ No ___ Yes Explain _____

[Type text]

21. Allergies - Medication No Yes Explain _____
22. Menstrual problems No Yes Explain _____
23. Allergies - Animal / Insect No Yes Explain _____
24. Kidney or bladder problems No Yes Explain _____
25. Chronic, lung condition No Yes Explain _____
26. Fatigue or undue tiredness No Yes Explain _____
27. Neck injury No Yes Explain _____
28. High blood pressure No Yes Explain _____
29. Dental bridge or plate No Yes Explain _____
30. Diabetes No Yes Explain _____
31. Discharge from ear or recurrent infections No Yes Explain _____
32. Food problems No Yes Explain _____
33. Perforated eardrum No Yes Explain _____
34. Persistent cough No Yes Explain _____
35. Bone Fracture No Yes Explain _____
36. Sinus Infection No Yes Explain _____
37. Back Injury or frequent backaches No Yes Explain _____
38. Hernia No Yes Explain _____
39. Ankle injury or recurrent pain No Yes Explain _____
40. Anemia No Yes Explain _____
41. Arm/wrist/hand injuries No Yes Explain _____
42. Surgical operations No Yes Explain _____
43. Knee injury or recurrent pain No Yes Explain _____
44. lower leg Injuries (shin splints) No Yes Explain _____

45. Hospital admissions _____

46. Has your son/daughter been advised not to participate in any sport or athletic activity? Explain:

47. Are there any medical problems of which we should be aware?

48. Is your child taking either prescription or over-the counter medication on a regular basis?

Please complete the form and return with other forms