



Progress Physical Therapy

Musculoskeletal Physical Screening – History Form

Date of Exam _____

Name: Last _____ First _____ Birth Date: _____ Sex: ___ Grade: ___
Address: _____ City: _____ State: _____
Parent(s) or Guardian(s) Name _____
Address: (if different than the participant) _____
Phone: _____ Cell Phone: _____
Physician: _____ Physician Phone: _____

***Medical History:** (to be completed by the student and parent together). Explain 'yes' answers on page 2.

	Yes	No	Don't know
1. Have you had an injury since your last visit to your physician?			
2. Do you have an ongoing medical condition?			
3. Have you ever been hospitalized overnight?			
4. Have you ever had surgery?			
5. Are you currently taking any medications?			
6. Has a doctor ever denied/restricted your participation in sports for any reason?			
7. Do you have any allergies?			
8. Have you ever had a rash or hives develop during or after exercise?			
9. Have you ever passed out during or after exercise?			
10. Have you ever been dizzy during or after exercise?			
11. Have you ever had chest pain or pressure during or after exercise?			
12. Have you ever had racing of your heart or skipped heartbeats?			
13. Have you had high blood pressure or high cholesterol?			
14. Have you ever been told that you have a heart murmur?			
15. Has any relative died of heart problems or sudden death before age 50?			
16. Is there a family history of heart problems in a close relative younger than age 50?			
17. Have you ever had a heart infection (myocarditis, pericarditis)?			
18. Are you anemic?			
19. Have you had a severe viral infection within the past month (ex: mononucleosis)?			
20. Do you have any current skin problems (ex: itching, rashes, fungus, or blisters)?			
21. Have you ever had a head injury or concussion?			
22. Have you ever been knocked out, become unconscious, or lost your memory?			
23. Have you ever had numbness or tingling in your arms, hands, legs, or feet?			
24. Have you ever had a stinger, burner, or pinched nerve?			

