



Orthopedic Health History Form

Name: _____

Date of Birth: _____

Sport(s): _____

NECK:				
1. Have you ever sustained a serious neck or cervical injury?	YES	NO		
2. Did you have numbness, burning or sharp pain in your arms or legs?	YES	NO		
3. Have you ever had an injury producing weakness or numbness of your arms or legs or both?	YES	NO		
4. Were you ever transported by ambulance for a neck injury? If yes, please explain:	YES	NO		
5. Have you ever had neck surgery? If yes, describe surgery type, date, physician, and location of hospital:	YES	NO		
6. Have you ever had a burner or stinger (stretched or pinched nerve)?	YES	NO		
7. Do you currently have any weakness due to a neck or spinal injury? If yes, give the location(s) of the weakness:	YES	NO		
SPINE:				
8. Have you ever injured your back? If yes, how many times? Please provide details regarding each injury including dates, treatment, rehabilitation, etc:	YES	NO		
9. Were you ever diagnosed with a spinal defect of any type? If yes, please provide details of defect:	YES	NO		
10. Have you ever had back surgery? If yes, describe surgery type, date, physician, and location of hospital below:	YES	NO		
SHOULDERS:				
11. Have you every had a significant shoulder joint injury?	R	L	YES	NO
12. Have you ever had an A-C sprain or separation?	R	L	YES	NO
13. Has your shoulder ever felt like it was unstable or slipping?	R	L	YES	NO
14. Have you ever had a problem with your shoulder repeatedly coming out of place?	R	L	YES	NO
15. Do you have any problems with your shoulder when trying to throw?	R	L	YES	NO
16. Do you have any problems your shoulder during overhead activities?	R	L	YES	NO
17. Have you ever had shoulder surgery? If yes, please describe surgery type, date, physician, and the location of the hospital:	R	L	YES	NO
ELBOW, WRIST, HAND AND FINGERS:				
18. Have you ever had an elbow injury or problem?	R	L	YES	NO
19. Have you ever had a wrist injury or problem?	R	L	YES	NO
20. Have you ever had a problem with a hand or finger injury?	R	L	YES	NO
21. Do you have a finger deformity as a result of this injury? If so, which finger?	R	L	YES	NO
22. Have you ever had elbow, wrist, or hand/finger surgery? If yes, please describe surgery type, date, physician, and the location of the hospital:	R	L	YES	NO
KNEES:				
23. Have you ever had a significant knee injury? If yes, please describe the injury and answer 23-A and B:	R	L	YES	NO
23. (A) Were you placed on a rehabilitation program?	R	L	YES	NO
23. (B) Do you wear any type of preventative/protective brace with you practice or play?	R	L	YES	NO
24. Does your knee ever swell or collect fluid?	R	L	YES	NO
25. Did you have surgery for your knee injury? If yes, please describe the surgery type, date, physician, and the location of the hospital:	R	L	YES	NO
26. Have you ever had surgery on either knee more than once?	R	L	YES	NO
27. Have you ever suffered from patellar tendinitis or jumper's knee?	R	L	YES	NO
28. Have you ever been diagnosed with Osgood-Schlatter's disease?	R	L	YES	NO
ANKLES:				
29. Have you ever sustained a severe ankle sprain?	R	L	YES	NO
30. Have you ever sustained a "high ankle sprain" or syndesmosis sprain?	R	L	YES	NO
31. Have you ever had surgery on your ankles? If yes. Please describe the surgery type, date, physician, and the location of the hospital:	R	L	YES	NO
FEET AND TOES:				
32. Have you ever had problem with bunions?	R	L	YES	NO
33. Have you ever had a problem with turf toe or sprained great toe?	R	L	YES	NO
34. Have you ever had a problem with ingrown toenails?	R	L	YES	NO
MUSCLE INJURIES:				
35. Have you ever had a severe muscle pull or strain?	YES	NO		
36. Has this injury reoccurred? If yes, list the muscle(s) involved and date(s):	YES	NO		

Please use the back to provide the most recent dates for all "YES" answers, as well as any questions or concerns you have.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct

Student-athlete _____ Date _____

Parent/Guardian _____ Date _____