

MEDICAL HISTORY QUESTIONNAIRE

INTERVIEW AT THE SPORTS MEDICINE UNIT

(to be completed by the interviewed person or by the parent or legal guardian in the case of children under 16 y. o.)

Patient's first and last name

PESEL no.

Date of interview

Sports discipline

Phone

Please mark the applicable answer in each question.

A. Have you ever been denied participation in a sports event by a physician? If so, why?	No	Yes	
B. Have you underwent or are you undergoing treatment for the following diseases/injuries/disorders:			(treatment in an outpatient clinic, in a hospital, surgeries, treatment in a specialist clinic)
1. Respiratory (incl. asthmatic problems)	No	Yes	
2. Cardiovascular	No	Yes	
3. Blood (incl. iron absorption disorders, anaemia)	No	Yes	

4. Endocrine and metabolic (incl. diabetes, thyroid diseases)	No	Yes	
5. Genitourinary system.	No	Yes	
6. Nervous system (incl. epilepsy, losses of consciousness)	No	Yes	
7. Musculoskeletal system (incl. upper and lower limbs and spine injuries)	No	Yes	
8. Digestive system	No	Yes	
9. Head injuries	No	Yes	
10. Mental disorders (treatment by a psychiatrist)	No	Yes	
11. Eyesight disorders	No	Yes	
12. Hearing disorders	No	Yes	
13. Skin diseases	No	Yes	
14. Congenital disorder	No	Yes	
15. Allergies (type of allergen)	No	Yes	
C. Other health issues			
1. Current ailments and/or taken medicines?	No	Yes	
2. Have there been heart diseases, diabetes, inherited diseases in your family? If so, please specify.	No	Yes	

3. Addictions to alcohol, medicines, other intoxicating substances, smoking (no. of cigarettes/day) ?	No	Yes	
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Applies to women: 1 st period at the age of _____ years, periods regular? Yes/No

I declare that I understand the content of these questions and that I answered them to the best of my knowledge, providing exhaustive and true information. I consent to have any examinations necessary to correctly assess my health performed.

Date and signature of the interviewed person over 16 y. o

Date and signature of the parent legal guardian of an underage person