

# Total Sports and Family Care

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## Under 16 Health Evaluation Form

Name: \_\_\_\_\_

Acct: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

Gender: ☐ Female ☐ Male

Race: ☐ Black/ African-American ☐ Asian ☐ Caucasian ☐ Native American/Alaskan ☐ Pacific Islander ☐ Other \_\_\_\_\_

Ethnicity: ☐ Hispanic/Latino ☐ Non Hispanic/Latino

**IS CHILD IS 1 YEAR OF AGE OR OLDER:** Y\* N \*If yes, skip boxed section.

### **IF UNDER 1 YEAR OLD**

**PREGNANCY** ☐ PREGNANCY/DELIVERY INFO UNKNOWN

# of living children: \_\_\_\_\_

Mother's age at birth: \_\_\_\_\_

Trimester Prenatal Care Began: 1 2 3

Vitamins: Y N Iron: Y N

**MATERNAL COMPLICATIONS** *Circle as needed*

Vaginal Bleeding Flu-like illness or high temp

Anemia Kidney or bladder infection

Hypertension STDs

Rh Negative Hepatitis (A, B, C)

Diabetes TB or TB exposure

Premature labor Lead/Chemical exposure

Dental disease Injury/surgery/accidents

### **MATERNAL SUBSTANCE USE**

OTC meds: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Tobacco: \_\_\_\_\_

Alcohol: \_\_\_\_\_

Street drugs: \_\_\_\_\_

Caffeine: \_\_\_\_\_

### **BIRTH/DELIVERY**

Hospital Birthing Center Home

Hours of labor: \_\_\_\_\_

Term Premature (weeks): \_\_\_\_\_

Vaginal C-Section Forceps

Breech Multiple Birth other

### **NURSERY COURSE**

Birth wt: \_\_\_\_\_ Length \_\_\_\_\_

Difficulty Breathing Transfusion

Jaundice req treatment Heart murmur

Infection Seizures

NICU # days: \_\_\_\_\_ Age at NICU Discharge: \_\_\_\_\_

Newborn blood screening done: Y N

Newborn Hearing test: Normal Abnormal

### **PERSONAL HISTORY** *Circle as needed*

Imms up-to-date? Y N Records unavailable

Dental care current? Y N

Use tobacco? Y N How often? \_\_\_\_\_

Use alcohol? Y N How often? \_\_\_\_\_

Surgeries: \_\_\_\_\_

### **FAMILY MEDICAL HISTORY**

*Circle as needed*

(Pertains to parents, siblings, grandparents) ☐ Unknown

Anemia/Blood Disorder

HIV

Heart Disease under 50

Immunosuppression

High Cholesterol

Dental Decay

Hypertention

Stroke

Tobacco use

Alcohol/Drug abuse

Cancer

Diabetes

Epilepsy/seizures

Hearing impaired

Kidney problems

TB

Physical/sexual abuse

Psychiatric disorder

Genetic disease

Domestic violence

Thyroid issues

Muscle/bone disease

Other: \_\_\_\_\_

### **CURRENT PROBLEMS**

*Circle all that apply*

Abdominal pain

Athlete's Foot

Dizzy spells

Loss of appetite

Memory loss

Fainting spells

Indigestion

Blood in urine

Sweating spells

Nausea

Painful urinating

Anemia

Vomiting

Urinating more

Seizures

Heartburn

Breast problem

Wt gain

Diarrhea

Stiff joints

Wt loss

Constipation

Back pain

Lightheaded

Gas/Bloating

Swollen joints

Behavior issues

Hemorrhoids

Irreg heartbeat

Fevers

Painful swallowing

Chest discomfort

Vision change

Blood in stool

Sinus Problems

Hearing change

Cough

Ear problems

Anger

Short of breath

Neck Pain

Irritability

Hoarseness

Rash

Sleep issues

Wheezing

Numbness

Nervousness

Warts/moles

Bald spots

Fatigue

Sexual Issues

Vaginal irritation

Depression

Other: \_\_\_\_\_

Age periods started: ☐ N/A \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Meds: \_\_\_\_\_