

# Sports Medicine

# CURRENT HEALTH STATUS FORM

@ Holy Name Medical Center  
718 Teaneck Rd, Teaneck, NJ

@ HNH Fitness  
514 Kinderkamack Road, Oradell, NJ

Last Name:       First Name:       Date of Birth:       Today's Date:

### Current Health Statistics:

Current Weight (#lb):  lbs.  
Current Height (ft' in"):  ft.  in.  
Do you currently smoke or use tobacco products?      Yes      No  
Have you ever regularly smoked or used tobacco products?      Yes      No  
Any recent changes in your overall health status?      Yes      No

Is yes, please explain:

### Current Concern / Reason for Today's Visit:

Briefly describe the nature of the problem:   
Location / Body Region:   
Side:      Right      Left      Both      Middle

Was this the result of a specific injury?      Yes      No  
If so, Date of Injury:

If so, was injury related to:      Sports      Work      Motor vehicle Accident

Please rate your symptoms on a 0-10 point scale ("10" is "worst imaginable").  
Average Discomfort:      0   1   2   3   4   5   6   7   8   9   10  
Worst Discomfort:      0   1   2   3   4   5   6   7   8   9   10

Have you had any prior Evaluations or Treatments?  
Prior Evaluations?      Yes      No      If so, what specialty?   
Prior Testing?      Yes      No      If so, what type of tests?   
Prior Treatments?      Yes      No      If so, what types?

Additional Comments:

### Review of Systems: *Please indicate if you currently have any of the following:*

|                             |                        |                    |                                |
|-----------------------------|------------------------|--------------------|--------------------------------|
| <b>General</b>              | Fevers / Chills        | Weight Change      | Other General Concerns         |
| <b>Musculoskeletal</b>      | Joint Swelling/Redness | Joint Warmth       | Other Joint Concerns           |
| <b>Neurologic</b>           | Weakness               | Numbness           | Other Neurologic Concerns      |
| <b>Dermatologic</b>         | Rash                   | Itching            | Other Skin Concerns            |
| <b>Eyes</b>                 | Vision Loss            | Vision Change      | Other Vision Concerns          |
| <b>Ears / Nose / Throat</b> | Hearing Loss           | Nose Bleeds        | Other Ear/Nose/Throat Concerns |
| <b>Cardiovascular</b>       | Chest Pain             | Racing Heart Beats | Other Heart Concerns           |
| <b>Respiratory</b>          | Wheezing               | Cough              | Other Breathing Concerns       |
| <b>Gastrointestinal</b>     | Heartburn              | Abdominal Pain     | Other Abdominal Concerns       |
| <b>Psychologic</b>          | Stress                 | Depression         | Other Psychological Concerns   |

Additional Comments / Explanations of "Other:"