Servizio di Medicina dello Sport e Riabilitazione Ortopedica

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ANAMNESTIC SHEET

NAME SURNAME ATHLETE _____

DATE OF BIRTH _____

☐ 1° EXAMINATION

MEDICAL HISTORY OF THE FAMILY

If the answer is YES, specify type of patology and family

Sudden death	no yes	_____
Heart disease	no yes	_____
Hypertension	no yes	_____
Dyslipidemia (Cholesterol and Triglycerides)	no yes	_____
Tumor/Cancer	no yes	_____
Asthma	no yes	_____
Diabetes	no yes	_____

MEDICAL HISTORY OF THE ATHLETE

Measles	no yes	Varicella	no yes	Rubella	no yes
Viral hepatitis	no yes	Mumps	no yes	Rheumatic fever	no yes
Asthma	no yes	Pneumonia	no yes	Hearth disease	no yes
Epilepsy	no yes	Allergy	no yes	Kidney disease	no yes
Pleurisy	no yes	Diabetes	no yes	Scarlet fever	no yes
Hypertension	no yes			Hormonal disease	no yes

Other, specify _____

TURN →

SPORTS INJURIES A/O FRACTURES _____

YES   WHICH _____

NO

HOSPITAL ADMISSIONS OR SURGERIES _____

YES   WHICH _____

NO

PATHOLOGIES (CURRENT) _____

YES   WHICH _____

NO

CURRENT THERAPIES HABITUAL USE OF DRUGS _____

YES   WHICH _____

NO

☐ **NEXT EXAMINATION**

☐ COMPARED TO THE PREVIOUS CONTROL, IT SHOULD BE NOTED: _____

_____

_____

IN PARTICULAR DENIES LIPOTIMIA A/O SYNCOPAL EPISODES, PALPITATIONS, CHEST PAIN, HEAD TRAUMA.

☐ NOTHING NEW TO REPORT WITH RESPECT TO THE PREVIOUS CONTROL.

IN PARTICULAR DENIES LIPOTIMIA A/O SYNCOPAL EPISODES, PALPITATIONS, CHEST PAIN, HEAD TRAUMA.

DECLARATION

I _____ declare that i haved

informed the doctor about my psycho-physical conditions exacty.

I declare that I am not being declared NON IDONEO during previous visit to sports medicine.

Also expressed, under the current privacty laws the consent to treat your personal and sensitive data for the purposes related to his request for eligibility to competitive sports.

Signature _____

Date _____