Yale Sports Medicine Post Season Injury Questionnaire

Name: _______________________________  Date: ___ / ___ / ___  Year: FR SO JR SR 5th

Sport: _______________________________  Health Insurer: _______________________________

DOB: ___ / ___ / ___  Cell # _____________________  Email: _______________________________

During the past season:
Did you **miss any games or practices** due to injury or medical reasons:

  - Y
  - N

  If yes, how many games __________ how many practices __________

Were you **hospitalized** for any reason:

  - Y
  - N

  If yes, why ____________________________________________

Did you have any **medical imaging** (such as X-Ray, MRI, CT, etc.):

  - Y
  - N

  If yes, what and why ____________________________________________

Did you take any **medications related to your injuries**, including over the counter (ie. Advil/Aleve):

  - Y
  - N

  If yes, please list: ____________________________________________

Did you take any **prescription medications** for other medical reasons:

  - Y
  - N

  If yes, please list: ____________________________________________

Please indicate which of the following you injured during the participation of Yale Varsity Athletics this past season:

### 1) Upper Extremity

<table>
<thead>
<tr>
<th>Injury type, description, date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder R L</td>
</tr>
<tr>
<td>Upper Arm R L</td>
</tr>
<tr>
<td>Elbow R L</td>
</tr>
<tr>
<td>Forearm R L</td>
</tr>
<tr>
<td>Wrist R L</td>
</tr>
<tr>
<td>Hand R L</td>
</tr>
<tr>
<td>Finger R L</td>
</tr>
</tbody>
</table>

### 2) Torso/Abdomen

<table>
<thead>
<tr>
<th>Injury type, description, date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rib R L</td>
</tr>
<tr>
<td>Sternum R L</td>
</tr>
<tr>
<td>Clavicle R L</td>
</tr>
<tr>
<td>Muscle R L</td>
</tr>
<tr>
<td>Internal Organ</td>
</tr>
</tbody>
</table>

### 3) Spine/Pelvis

<table>
<thead>
<tr>
<th>Injury type, description, date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
</tr>
<tr>
<td>Upper back</td>
</tr>
<tr>
<td>Mid back</td>
</tr>
<tr>
<td>Lower back</td>
</tr>
<tr>
<td>Sacrum</td>
</tr>
<tr>
<td>Pelvis</td>
</tr>
</tbody>
</table>
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4) Lower Extremity

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shin</td>
<td></td>
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</tr>
<tr>
<td>Ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5) Head

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jaw</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6) Concussion

During this past season, did you suffer a concussion?

Y  N

If yes, how many:

If you suffered a concussion, how many days of sports participation did you miss?

How many days:

If you suffered a concussion, did you miss any classes or delay any schoolwork due to the symptoms?

How many days:

7) Other Medical Issues:

Are you currently receiving medical care from doctors, physical therapists, chiropractors, or health care professionals?

Y  N

If yes, please list providers name and reason for care

Do you have any concerns pertaining to your medical health, or would you like an evaluation by a physician?

Y  N

I, the undersigned, certify to the best of my knowledge that my answers to the questions of this health history screening are complete and accurate.

x______________________________________________________ Date: ___/___/____
Yale Sports Medicine Post Season Injury Questionnaire

To be completed by the Athletic Trainer:

MD:

Reviewed by: ____________ (initials) Date: ___ / ___ / ____

Plan:

MD Signature: ___________________________________________ Date: ___ / ___ / ____