

PPE – Supplementary history for athletes with special needs

If you are an athlete with special needs or disabilities, please complete this form IN ADDITION to the MEDICAL HISTORY QUESTIONNAIRE

Date of Exam: _____

Athlete Name: _____ Date of birth: _____

GENERAL QUESTIONS:			
1.	Type of special need (Physical, intellectual, mental health, other): _____		
2.	Date of onset (if a known accident date or 'congenital/birth'): _____		
3.	Cause of disability (birth, disease, accident/trauma, other) Please specify: _____		
4.	Which sports are you interested in playing? Please specify: _____		
SPECIFIC QUESTIONS:		Yes	No
5.	For daily activities do you sometimes use a brace, assistive device (eg crutches) or prosthetic? (Specify: _____)		
6.	Have you used any specialised brace or assistive device for sports?		
7.	Do you have muscle spasticity?		
8.	Do you have frequent seizures or seizures brought on by exertion / activity?		
9.	Do you have visual impairment?		
10.	Do you have hearing loss? (If so, please specify any hearing aid or device: _____)		
11.	Do you have any rashes, pressure sores, or other skin problems?		
12.	Do you have difficulty with bowel or bladder function (incontinence, burning or discomfort with urinating)?		
13.	Do you use any special devices for bowel or bladder function?		
14.	Have you had autonomic dysreflexia?		
15.	Have you ever been diagnosed with heat (hyperthermia) or cold (hypothermia) related illnesses?		
PRE-EXISTING CONDITIONS - Please indicate if you have ever had any of the following:		Yes	No
16.	Spinal problems, including spina bifida / sciatica / paralysis (if so, please specify: _____)		
17.	X-ray evaluation for atlanto-axial instability (if so, specify result: _____)		
18.	Osteopenia or osteoporosis / thin bones (if so, please specify result: _____)		
19.	Dislocation of 2 or more joints (including at separate times)		
20.	Numbness or tingling in your arms or hands		
21.	Weakness in your arms or hands		
22.	Numbness (or tingling) in your feet or legs		
23.	Weakness in your legs or feet		
24.	Recent change in coordination or ability to walk		
25.	Hepatitis / jaundice		
26.	Enlarged spleen or easy bruising		

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Explain “yes” answers here:

My answers to the above questions are correct, to the best of my knowledge, and I consent to medical staff discussing these findings with coaching staff:

Please specify any of your responses that you do NOT want us to discuss with your coaching staff

Signature of athlete: _____ **Date:** _____

(Signature of parent/guardian, if athlete’s age <18): _____

Name of parent/guardian: _____

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