AUSTRALIAN SPORTS DOCTORS

Associates
Dr Tracy Shang
MBBS DCH FRACGP
Dr James Taylor
MBBS LLB FRACGP

Proudly associated with
AOSM Australian Orthopaedic Sports Medicine Clinic

ATHLETES DO NOT WAIT … PRE-PARTICIPATE!

Have you had a 'PPE' sports assessment this year?

The goal of integrated 'pre-participation physical examination' (PPE for short) is to promote the safety and health of athletes in training and competition, with a focus on the three P's – **Prevention** of injury and illness, **Participation** by the athlete and coaches, and Planning. This individualised to assist you in overcoming the challenges that you may face as a competitive athlete!

- AOSM is qualified to assess an athlete's biomechanical, medical and family history to determine if there are factors that predispose you to an unacceptable or avoidable risk of harm during training and competition
- An integrated team of qualified medical doctors and physiotherapy staff undertakes your PPE. Your coaches' direct involvement in the planning phase allows for privacy and the most comprehensive assessment possible!
- Our PPE focuses on prevention and, in conjunction with your coach, generates a plan that targets areas specific to your needs, based on your sport, your genetic abilities and risks, and your current level of conditioning

How to prepare for your PPE visit:

- Please fill out the provided PPE Medical Questionnaire Form and bring it to your assessment. For a downloadable version visit: www.sportsdocs.com.au and click on FAQs and forms
- For maximal benefit the PPE should be completed 1-2 months before the start of training, updated 6-12 monthly (or more frequently if specific issues arise during PPE), and at the end of season (if ongoing off-season treatment and management is required)
- Wear loose fitting gym attire and undergarments suitable for chest, abdomen and hip examinations
- Write down any questions you would like to ask about your PPE, training or health in general
- Most importantly – RELAX. A PPE is FUN and can help you to improve as an athlete!

ASD (Australian Sports Doctors Pty Ltd) and
AOSM (Australian Orthopaedic and Sports Medicine Clinic)
Suite 3, Level 5, 10 Martin St - Heidelberg VIC 3084
Ph: 9455 1112 - Fax: 9455 3736 - www.sportsdocs.com.au

AUSTRALIAN SPORTS DOCTORS

Associates
Dr Tracy Shang
MBBS DCH FRACGP
Dr James Taylor
MBBS LLB FRACGP

Proudly associated with
AOSM Australian Orthopaedic Sports Medicine Clinic

Pre-Participation Examination
Medical History Questionnaire

Athletes to complete before PPE

Date:

Name:	Date of Birth: Age:
Address:	Gender: □ F □ M □ Other
Phone:	Email:
Emergency contact name: Relationship:	Emergency contact phone:
Club/School/Level:	Coach:
Hours trained per week (days and hours):	
GP name and contact details:	
Physiotherapist name and details:	

This program is designed to provide assessment for and development of a remedial training program, and follow up of your progress. This process has been carefully planned to ensure that you are 'safe and in the best possible condition' to train and compete. Maximal benefit will from having your coach's involvement.

Your medical information will be kept confidential. But do you consent to the medical staff discussing any of my medical fitness issues with your coaching staff? □ Yes □ No

Please explain your "Yes" answers below. Circle questions if you are unsure about their meaning or your answer. Please discuss any privacy concerns with medical staff or coaches.

MEDICINES & ALLERGIES
Please list all prescription and over-the-counter medicines (including nutritional and herbal supplements) that you are currently taking, including doses (if able):
NB: You should check your medications / supplements against the database linked on the ASADA website - www.globaldro.com/AU/search
Do you have any **ALLERGIES**? □ **Yes** □ **No** If yes, please state your specific allergy/allergen: (Including tapes/latex): _____

ASD (Australian Sports Doctors Pty Ltd) and
AOSM (Australian Orthopaedic and Sports Medicine Clinic)
Suite 3, Level 5, 10 Martin St - Heidelberg VIC 3084
Ph: 9455 1112 - Fax: 9455 3736 - www.sportsdocs.com.au

Other health risk factors:
□ Smoking, amount per day: _____ □ Alcohol, amount per week:_____
□ Other drugs?_____

GENERAL QUESTIONS	Yes	No
1. Do you have any current ongoing medical conditions? □ Asthma □ Diabetes □ Anemia/low iron □ Heart condition □ Infections □ Epilepsy □ Collapse/faint □ Other, specify: _____		
2. Have you ever stayed overnight in hospital? If so, why: _____		
3. Have you ever had chest, brain or abdominal surgery? If so, specify: _____		
4. Has a doctor or physiotherapist (or similar) ever restricted your participation in sports, for any reason? _____		

MUSCLES, JOINTS & BONES HISTORY	Yes	No
5. Have you ever had any fractured (broken) bones or dislocated 'popped-out' joints? If so, please specify: _____		
6. Have you ever had a stress fracture or stress response in a bone? If so, which one? _____		
7. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss activity? Please specify: _____		
8. Have you ever had an injury that required X-rays, MRI, CT scan, injections, physiotherapy/similar, a cast/brace, or crutches?		
9. Have you ever had surgery for an injury? Please specify: _____		
10. Do you currently have a bone, muscle, or joint injury that bothers you? Please specify:_____		
11. Do you regularly use an orthotic, brace, or other assistive device? Please specify: _____		
12. Do you have a history of Stills / juvenile arthritis or connective tissue disease (Lupus/SLE or other)? _____		
13. Do several of your joints episodically become painful, red or swollen? Please specify: _____		
14. Have you ever been told that you have neck instability?		

HEART HISTORY	Yes	No
15. DURING sport/activity/training have you ever: □ Collapsed or 'fainted' (including nearly fainted)? □ Felt your heart beat too fast to count or irregular beats? □ Had discomfort, pressure, tightness or pain in your chest?		
16. Do you get lightheaded or feel more short of breath than you expect during exercise (more quickly than your friends?)		
17. Have you ever had an unexplained seizure?		
18. Have you ever had a medical test for your heart? (For example, ECG, echocardiogram, angiogram)		

19. Have you ever been told you that you have any of the following heart problems (check all that apply)?: □ High blood pressure □ High cholesterol □ A heart murmur □ Kawasaki disease □ Rheumatic fever/ heart infection □ Brugada/Long QT Syndrome/ Downs Syndrome/Marfan □ Other heart problems: _____		
FAMILY HEART/LUNG HISTORY	**Yes**	**No**
20. Has anyone in your family had: □ A heart problem □ Pacemaker □ Had heart surgery		
21. Have you been told if anyone in your family has cardiomyopathy (thick or enlarged heart), Marfan's syndrome, long/short QT syndrome, Brugada syndrome, or ventricular tachycardia?		
22. Have you been told if any first or second degree family member has died of heart problems aged < 50 yrs or had an unexplained sudden death aged < 60 yrs? Please specify: _____		
23. Is there anyone in your family who has asthma?		

OTHER GENERAL MEDICAL QUESTIONS	**Yes**	**No**
24. Do you cough, wheeze, have difficulty breathing during/after activity?		
25. Have you ever had a head injury, been knocked-out or had concussion?		
26. Have you ever had trauma to the head that caused confusion, headaches, memory problems, or tingling/numbness/weakness in your arms or legs?		
27. Do you get headaches with activity or exertion?		
28. Have you ever become ill from exercising in the heat or have frequent severe muscle cramps during activity?		
29. Are you on a special diet or do you avoid certain types of foods?		
30. Are you trying to, or has anyone told you to, lose or gain weight?		
31. Do you frequently think about reducing your weight, have concerns about your body image or been told you have an eating disorder?		
32. Have you ever had problems with low mood or excessive worry?		
33. Were you born without or had removal of an eye, a kidney, your spleen, (or, for males) a testicle?		
34. Have you ever had thyroid problems?		
35. Do you have a hernia or groin pain or a lump in the groin?		
36. Do you have any rashes, pressure sores, or other skin problems?		
37. Do you have psoriasis or inflammatory bowel disease?		
38. Have you had glandular fever within the last 3 months?		
39. Have you had any problems with your eyes or vision? □ Wear glasses/contact lens □ Previous eye injury Other, please specify: _____		
40. Your immunisation status can affect your training/performance - Date of last tetanus shot: ____/____/_____ Last flu shot: ____/____/_____		
41. Do you have any other concerns that you wish to discuss with a doctor? Please ask medical staff if you need privacy to discuss this.		

NEXT 3 QUESTIONS - FEMALES ONLY – Relates to hormone/bone health (optional)	Yes	No
42. Have you ever had a menstrual period? If so, at what age did you have your first period? _____		
43. How many periods have you had in the last 12 months?: _____		
44. Has your sporting performance ever been impacted by your menstrual periods?		

Please feel free to expand on any "Yes" answers here, and please attach any results or medical reports that you feel are relevant:

_____

_____

_____

_____

_____

Detail of specific past or present injuries:

Nature of Injury	Date of Injury	Residual problems

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: _____