

Have you had any head injury or loss of consciousness?	Yes	No
Have you ever had a seizure?	Yes	No
Have you ever had a bone or joint injury that limited sports participation?	Yes	No
Do you wear a helmet when biking, boarding or skiing?	Yes	No
Do you wear a seatbelt?	Yes	No
Has anyone in your family died under the age of 60?	Yes	No
Do you often cough during or after exercise?	Yes	No
Do you have asthma?	Yes	No
Have you had any chest pain that makes you stop exercising?	Yes	No
Have you ever passed out during exercise?	Yes	No
Do you regularly take any supplements or medications?	Yes	No
Any other significant concerns you want to discuss?	Yes	No

Please list: _____

Topics that may be discussed today are listed below. They are for your information only. You do not need to answer them now.

Home Environment/Safety

Education

Activities

Drug Exposure

Sexuality/Puberty

Mood