

St. Vincent Sports Performance Center

Medical Questionnaire

All personal information will be kept confidential and will only be used by St. Vincent Sports Performance Center to assist in the management of your performance enhancement.

Name: _____

Date: _____

Date of Birth: ___/___/___

Sex: M F

Are you currently taking in medications? Y or N

- 1. _____
- 2. _____
- 3. _____

Are you currently seeing a physician for any medical care or therapy? Y or N
If yes, please describe:

Are you currently experiencing problems with past injuries? Y or N
If yes, please describe:

Please list any surgeries you have had in the past:

Date:

- 1. _____
- 2. _____
- 3. _____

Anything else you would like to tell us:

