



MISSOURI BAPTIST UNIVERSITY ATHLETIC TRAINING SUPPLEMENTAL HEALTH HISTORY FOR FEMALE ATHLETES

Name: _____ Sport: _____ Age: _____

Directions: *Please answer the following questions to the best of your ability.*

Do you have a period every month? Y N
If not, how often? _____

Do you ever experience cramps during your period? Y N
If yes, how do you treat them? _____

Do you ever get nauseous or vomit during your period? Y N
If yes, how long does it last? _____
If yes, do you take medication? _____

When was your last pelvic exam? _____

Have you ever had an abnormal PAP smear? Y N

How many urinary tract infections (bladder or kidney) have you had? _____

Have you ever been treated for anemia? Y N

How many meals do you eat each day? _____ How many snacks? _____

Are there certain food groups that you refuse to eat (meat, breads, etc.) Y N
If yes, please list: _____

What is your present weight? _____
Are you happy with this weight? Y N
If not, what would you like to weigh? _____

Have you ever tried to control your weight by:	Vomiting?	Y	N
	Using Laxatives?	Y	N
	Using Diuretics?	Y	N
	Using Diet Pills?	Y	N

Any problems not already noted: _____

If you have any questions concerning diet, personal health or other related health issues, Please take this opportunity to ask the health professionals who are present today.

Student-Athlete's Signature

Date

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