



Anamnesic Questionnaire

Centrum Sportovní Medicíny

Do you have a problem or are you being treated for the following conditions?	NO	YES – please specify more including year
Have you ever lost consciousness during a sport or exercise?		
Do you feel tightness, pressure or pain in your chest when exercising?		
Have you ever had a fast or irregular heartbeat?		
Did you have trouble breathing or coughing during or after exercise?		
Has your doctor ever told you that you have a heart arrhythmia?		
Has your doctor ever told you that you have a heart murmur?		
Have you ever been diagnosed with high blood pressure?		
Have you ever limited your workouts due to long fatigue or overtraining?		
Do you have any allergies? If so, what are they?		
Do you have or have you been diagnosed and treated for asthma?		
Have you had infectious mononucleosis or Lyme disease?		
Are you or have you been treated for a neurological condition?		
Are you or have you been treated for thyroid disease?		
Do you have frequent respiratory infections or uroinfections during the year?		
Have you had any surgery?		
Have you had a traumatic fracture?		
Have you had a fatigue fracture?		
Have you had injuries to your ligaments and joints?		
Have you had a muscle injury — tear, strain?		
Have you been diagnosed with a prolapsed disc or other spinal condition?		
Have you had depression or other mental illnesses in the last 3 years?		
Do you think a lot about food, weight loss or vomiting?		
Do you have a weight fluctuation of more than 10% during the year?		
Do you have/have you had irregular periods in the last 3 years?		
Have you ever been treated for an eating disorder?		
Does anyone in your immediate family have heart disease?		
Has your doctor ever forbidden you to play sports?		
Do you take any medications or supplements? If yes, what kind?		
Are you being seen regularly by a doctor? If yes, which specialist?		
What other health problems do you have that have not yet been reported that could affect your health in sport?		

Name and Surname _____ Birth no. _____

Date _____ Signature _____ E-mail _____

A parent signs for a child under 18 years of age