

Northwood Deaconess Clinic

SPORTS PHYSICAL BLITZ

June 12 through August 11

NDHC Larimore Clinic ~ 701-431-2999

Condetta Ness, FNP-C

Tuesday or Friday

Heidi Shannon, FNP-C

Wednesday

Lizz Sandberg, FNP-C

Thursday

NDHC Northwood Clinic ~ 701-587-6900

Brian Twete, FNP-C

Monday or Wednesday

Lizz Sandberg, FNP-C

Monday or Tuesday

Heidi Shannon, FNP-C

Tuesday, Thursday, Friday

NDHC Binford Clinic ~ 701-587-6900

Brian Twete, FNP-C

Tuesday or Thursday

Sports physicals are at no charge to you if you Have "Preventive Benefits" in your health insurance plan. This is called a "Well Child Visit" or Annual Preventive Physical. Please check your health insurance plan closely for coverage. If you plan to use this insurance benefit, please schedule your appointment as a "Well Child Visit/ Sports Physical". If you are not scheduling the Well Child Visit, simply schedule a "Sports Physical" and pay \$50 cash.

***~ DOOR PRIZES! ~ FREE PROMO GIFT!
~ FREE PT SCREENING IF INDICATED!***

**Call now to secure your spot during this Sports Physical Blitz!
Working Hand in Hand for Better Health**



As athletes, we care about you – not only your performance on the field or on the court – but also your performance when it comes to your physical health.

Because of that, we have enhanced your sports physical to include a free screening for orthopedic conditions, including pes planus (flat feet) which can affect so many areas of an athlete's body - recurrent injuries such as ankle sprains, shoulder pain, low back pain, neck pain, headaches, shin splints, tendon injuries, etc.

If your provider feels you may have orthopedic conditions that need further screening, our therapy staff will do a screening at no charge. Based on the results of the screening, services may be recommended above and beyond the free screening.

We hope you will find added value to this free screening service.

If there is anything we can do to assist you as an athlete please don't hesitate to ask. Our providers work closely with the athletic trainers and NDHC's rehab department to ensure your success on and off the field.



NORTHWOOD DEACONESS HEALTH CENTER

4 N. Park St./P.O. Box 190

Northwood, ND 58267

701-587-6900 Northwood Clinic 701-431-2999 Larimore Clinic

Thank you for considering NDHC for your Sports Physical

Also known as a pre-participation physical examination, sports physicals are required by the North Dakota High School Activities Association and several other area sports organizations. Sports physicals help determine whether it's safe for youth to participate in a particular sport.

What is included in a sports physical? Sports physicals include two main parts: medical history and the physical exam.

In discussing the athlete's medical history, your medical provider will ask about past illnesses and injuries, allergies, serious illnesses among other family members and suspicious symptoms such as faintness, dizziness, chest pain or difficulty breathing. The medical history portion of a sports physical can be the most important part of the exam as it helps the provider identify or diagnose potential problems before they affect the child's health negatively.

During the physical part of the exam, your child's health care provider will conduct a clothed exam, looking primarily for heart, lung and muscular skeletal problems. For teenagers, your provider will review general safety issues, such as depression, drug and alcohol use and personal concerns. Most young adult deaths are due to events that could have been prevented. Parents are welcome and encouraged to accompany children during the exam, especially if it will make your child more comfortable.

When making your appointment, if you indicate sports physical, you will be scheduled for option 1 below. If you are requesting option 2, please make sure your appointment is scheduled appropriately, as the wellness physical will take more time. Also verify with your insurance that they cover a preventive wellness visit for your child's age and gender.

Options:

- Sports Physical Only.** The history and exam will include only what is needed for participation in high school sports. Any additional health issues will need to be rescheduled for another day. This is a pay upfront-only option and insurance will not be billed. \$50
 - Full Wellness Physical.** The history and exam will include all components of a full wellness visit for your child's age category. Insurance will be billed and should be at no cost to you if you have Preventive Benefits in your plan. However, if your insurance plan does not cover a wellness/preventive physical, you will be responsible for the entire fee. Please check with your insurance company prior to the visit.
\$230 - \$275 based on new or established patient and age category
- *If requesting vaccinations, vaccinations will be billed separately in addition to both options above.*

Signature of Patient or Parent/Guardian if under 18

Relationship

Date

Enclosed is the History Form. Please complete and bring with to the appointment along with this signed consent for treatment and billing.

NDHSAA PREPARTICIPATION PHYSICAL EVALUATION
HISTORY FORM - Parent/Athlete fill out prior to physical evaluation

Revised: June 2010
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(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____