



ELON UNIVERSITY SPORTS MEDICINE SUPPLEMENTAL HISTORY FORM FOR THE FEMALE ATHLETE:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_ Sport: \_\_\_\_\_

1. How old were you when you had your first menstrual cycle? \_\_\_\_\_

2. How many days do you have menstrual bleeding? \_\_\_\_\_

3. What is the date of your last menstrual cycle? \_\_\_\_\_

4. How many periods have you had in the past 12 months? \_\_\_\_\_

5. Do you ever have cramping with your period? *(circle one)* Yes No

6. If yes, what do you do to lessen your symptoms?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had "irregular" cycles? *(circle one)* Yes No  
If yes, circle < 21 days, > 35 days between cycles?

8. Have you ever had heavy bleeding? *(circle one)* Yes No

9. Have you ever stopped having your period? *(circle one)* Yes No  
If yes, when and for how long? Give details months /years)

10. Have you ever had a stress fracture? *(circle one)* Yes No