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

Revised 6/7/2010