

# The Sports Medicine Center



Of  
F.F. Thompson Hospital  
3170 West Street – Canandaigua, New York 14424 – 585-396-6700  
**HEALTH CARE INFORMATION SHEET**

In order to facilitate and expedite care for your son/daughter in the event of a sports related injury, please complete the following information.

Interscholastic sports participated in: \_\_\_\_\_

Don/Daughter's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_

Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_

Son/Daughter's Address: \_\_\_\_\_

**PRIMARY Insurance Carrier** (check one)      Policy # (optional) \_\_\_\_\_

Preferred Care

Blue Choice

Finger Lakes Health Plan

Other (specify) \_\_\_\_\_

Specific medical concerns that the Certified Athletic Trainer should be made aware of:  
(Please check those that apply).

## GENERAL MEDICAL:

Diabetic

Epileptic

Asthmatic

Contacts worn during activity

Concussion(s) Dates: \_\_\_\_\_

Other (specify) \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

## ORTHOPEDIC PROBLEMS:

Head/Neck

Shoulder

Elbow

Wrist

Hand

Back

Hip

Knee

Ankle/Foot

Thank you for your consideration and time in completing this information sheet.

Athletic Trainer