

MSHSAA Preparticipation Physical Forms/Procedure

Medical History Form (Step 1): Issued to Student/Parent(s)/Guardian, Completed by Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.

Note:

Note:

This Medical History form is NOT returned to the school.

MEDICAL HISTORY				
PATIENT HEALTH QUESTIONNAIRE VERSION 4 (PHQ-4)				
	Not at All	Several Days	Over Half the Days	Nearly Every Day
	0	1	2	3
	0	1	2	3
	0	1	2	3
	0	1	2	3
A sum of 3 is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.				

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

