

Let's Get Acquainted  
Athlete/Active Patient/Sports Injury



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

Do you play any sports? Yes / No If yes, what sports: \_\_\_\_\_

If yes circle: School Team Recreational league Casual Other: \_\_\_\_\_

How often do you Play? \_\_\_\_\_ x per week for \_\_\_\_\_ hours/session

If Applicable: What Position: \_\_\_\_\_ # years playing sport: \_\_\_\_\_

Do you do fitness walking? Yes / No or Do you Run? Yes / No

If yes, How many miles per week? \_\_\_\_\_ # Days per Week? \_\_\_\_\_

Longest daily Mileage? \_\_\_\_\_ In what Type of shoes? \_\_\_\_\_

How long have you been running/walking? \_\_\_\_\_

Are you currently training for a race? Yes / No if yes, when is the Race? \_\_\_\_\_

What type of races do you train for (circle): Other: \_\_\_\_\_

5k 10K ½ Marathon Marathon Ultra Triathlon

Do you do any other regular fitness activity? Yes / No If yes how often? \_\_\_\_\_ x per week

If yes, what type (circle)? Gym/lifting Exercise bike Elliptical Biking CrossFit

Aerobics Yoga Pilates Swimming Martial Arts Other: \_\_\_\_\_

Your current Injury/Concern

Was there a specific incident injury? Yes / No If yes, date if injury? \_\_\_\_\_

If yes, what happened? \_\_\_\_\_

If No injury, Did the problem start gradually over time? Yes / No

How long have you noticed the problem? \_\_\_\_\_

Any previous treatment or imaging? Yes / No If yes, what? \_\_\_\_\_

Results: \_\_\_\_\_

Within in the past 6 months have you increased your distance or time in activity? Yes / No

or New Job? Yes / No or New shoes? Yes / No or Old Shoes(>1year)? Yes / No