



Detailed Athletic Information

Date: _____

Patient Name: _____

1. **Chief Complaint** (Describe injury and its location):

2. **Type of Pain:** Sharp Dull Sore Bruised Pins & Needles
 Throbbing Intermittent Constant Burning Other

3. **Onset:** Sudden Gradual

4. **Duration:** <1 week 1-2 weeks 2-3 weeks 3-4 weeks 1-3 Months >3 months

5. **When does pain occur:** Pre Sport Activity During Sport Activity After Sport Activity
 During Normal Activity Always

6. **Other Complaints:** Leg Knee Hip Back

Explain: _____

7. **Previous treatment for the condition?** Yes No Explain: _____

8. **Previous injuries in last year?** Yes No Explain: _____

9. **Sport(s)** - List in order of preference. _____

10. **Specialty:** (i.e. running – middle distance; soccer – halfback; football – quarterback; etc.): _____

11. **Street Footwear:** Laced Oxford Slip on Casual Full Boot High Heel Other

12. **Athletic Shoes:** (Specify for each Sport)

Make: _____ Model: _____ Make: _____ Model: _____

Make: _____ Model: _____ Make: _____ Model: _____

13. **Amount of Participation:** (i.e., Running – miles per day, Skiing – days per year)

Daily: _____ Weekly: _____

14. **Speed for Running** (per mile): Training: _____ Competition: _____

15. **Time of Day for Activity:** A.M. Midday P.M.

16. **Type of Participant:** Serious Casual Weekend High School College World Class
 Professional Instructor

17. **Training Method:** Hard Moderate Easy Alternate Interval Speed

18. **Surface Type:** Composition Track Cinder Track Board Track Street Asphalt Dirt
 Cross Country Grass Artificial Turf Beach Other

19. **Surface Geometry:** Hills Level Straight Curved Crowned Flat
 Banked Other

20. **Direction of Run:** Clockwise Counterclockwise Figure 8 Down one side/back other
 Down one side/back same side

21. **Time Spent Warming Up:** None 5 Min. 10 Min. 15 Min. 20 Min. More

22. **Stretching Program:** **Before Activity** Yes No **After Activity** Yes No

23. **Have You Recently:** Increased Distance Increased Workouts Changed Surfaces Changed Shoes

24. Are you a member of any athletic clubs or organizations? Yes No

If yes, please list: _____