

Name: _____

Email: _____

Background

What is the reason for your visit? _____

When did your current problem begin? _____

How did it occur? _____

Do you have pain during running? Yes No If so, does the pain: Increase Decrease

Do you have pain after running? Yes No

If so, how long does it persist? < 1 hour 1-2 hrs 2-6 hrs +6 hrs

Have you found anything that alleviates the problem?

Medications Rest Stretching Heat/Cold Other: _____

Past Injuries:

- Low back pain Compartment syndrome Aspirin
- IT band syndrome Achilles tendonitis
- Knee pain Plantar fasciitis
- Stress fracture
- Shin splints Other _____

Current Medications:

- Advil / Ibuprofen
- Tylenol Bronchodilators
- Vitamin D Calcium
- Other _____

Training

Years running: _____

How would you classify your current level of running? Recreational Competitive

Volume: _____ miles/week _____ days/week _____ months/year Pace: _____ min/mile

Speed work: Yes No

Warm-Up: Yes No

Cross training: Yes No

Hill repeats: Yes No

Cool-down: Yes No

Stretching: Before During After

Typical race distance: 5-10K ½ Marathon Full Marathon
 Ultra Distance Triathlon Other: _____

What is your foot strike pattern? Forefoot Midfoot Rearfoot Not sure

Footwear

Shoe brand/model: _____

Shoe age: _____

Are they comfortable? Yes No

Orthotics or Inserts Yes No

If so: Over the counter Custom fit

Running Purpose & Goals

What is your primary reason for running? General Fitness Weight control Stress management

Social motivation Competition Body image

What are your goals for running?

Continue running at current level appropriately

Increase running to higher level

Compete in specific race: Distance: _____ Date: _____ Other: _____