

Runner's Profile

Please complete to the best of your knowledge prior to your appointment.

Name: _____ Age: _____ Sex: M F Wt. _____ Ht. _____

Training Description

Prior to Injury

Distance: Daily M__ T__ W__ TH__ F__ Sat__ Sun__

Weekly average: _____

Years of running: _____

Hard workouts – Please describe frequency and intensity

Intervals

Hills

Tempo

Fartlek

Other

Running Surface: ___% Road ___% Trail ___% Track

Aerobic Cross Training: _____

Weight Training: _____

Other: _____

Stretching: ___Frequent ___Occasional ___Seldom

Since Injury

Distance Daily M__ T__ W__ TH__ F__ Sat__ Sun__

Weekly average: _____

Hard workouts – Please describe frequency and intensity

Intervals

Hills

Tempo

Fartlek

Other

Running Surface: ___% Road ___% Trail ___% Track

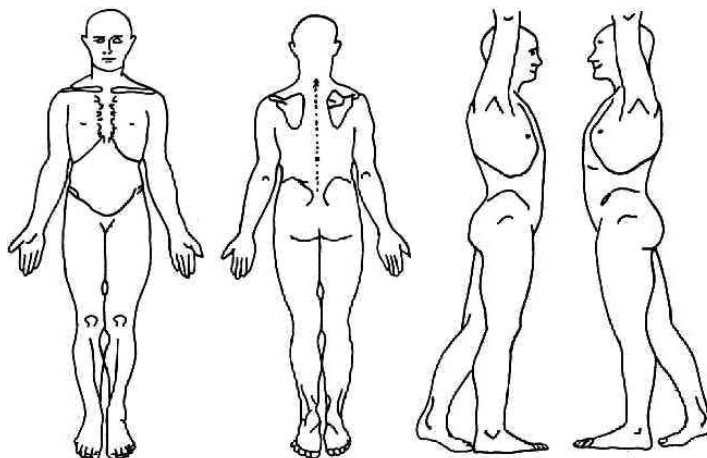
Aerobic Cross Training: _____

Weight Training: _____

Stretching: ___Frequent ___Occasional ___Seldom

Symptom Description

Please mark the area of your symptom(s) on the diagram.



When did your symptoms begin?: _____

What do you feel brought on this injury? _____

What makes symptoms worse? _____

What makes symptoms better? _____

When do your symptoms occur?

As soon as you start to run With daily activity

During the run Constant

After you finish

What have you tried to improve your symptoms? _____

Are your symptoms?

Getting worse Staying the same Getting better

Have you had similar symptoms before? When? _____

What other injuries have you had? _____

Shoe Wear

Current shoe: Brand _____ Model _____

Estimated miles: 0-100 101-300 301- 500 501+

Shoe type: Motion control Standard Shock absorption

Do you wear orthotics? _____

Goals

What are your current running / fitness goals? _____
