



Subjective Intake Form

Name: _____

Date: _____

Age: _____

Gender: _____

Diagnosis: _____

Referring Physician: _____

Current Complaint / Mechanism of Injury:

Pain at Best: _____

Description of Pain: _____

Pain at Worst: _____

Previous Injuries and Treatment:

Allergies: _____

Medications: _____

Menstrual Cycle (if applicable): _____

Average Hours Sleep/Night: _____

Training History

Miles/Week (Acute): _____ Average Miles/Week (over last 6 weeks): _____

Long Run/Week (Acute): _____ Average Long Run/Week (over last 6 weeks): _____

Runs/Week : _____ Training Surface(s): _____

Mile Pace: _____ Tempo Run Pace: _____ Long Run Pace: _____

Style / Brand of Running Shoe: _____

Shoe Choice Reason: _____

Orthotic Use: _____

Cross Training (Type/Frequency):

Strength Training (Type/Frequency):

Running Goals:



RUNNER'S EVALUATION FORM

Training History

Level of Competition:

- Recreational only
- Recreational competitive
- Competitive (HS/college)
- Elite

Running Surface:

- Treadmill
- Street (asphalt)
- Sidewalk (concrete)
- Trail
- Track

Cross-Training:

- Biking
- Swimming
- Weights
- Stairs
- Yoga/Stretching
- Other: _____

Years of running: _____

Long run: _____

Running Club: _____

Runs/week: _____

Pace/mile: _____

Shoe type: _____

Mileage/week: _____

Miles on shoe: _____

Shoe inserts or Orthotics: Yes No

Are you in training? Yes No

Race and Date: _____

Recent change in your training?

- Increased mileage
- New shoes or inserts
- Speed work or track work
- Hill training
- Change in terrain

When you run, when do symptoms occur?

- Every step of the run
- Worse toward the end of the run
- Worse at the start & then improves
- Only after the run ends (next day)

Medical History

Date and Description of Injury: _____

Previous Treatments for Injury: _____

Past Medical & Surgical History: _____

Medications: _____

Allergies: _____

Prior Musculoskeletal Injuries: _____

History of stress fractures: Yes No

steroid use: Yes No

osteoporosis: Yes No

eating disorders: Yes No

Female History: N/A

reg. periods: Yes No

pregnant: Yes No

age of 1st period: _____

date of last period: _____