



Running Assessment Intake Form

Name: _____ Date of Birth: _____ Date: _____

Contact information

Phone: _____ Email: _____

Medical History

In the past year have you had any of the following?

- Surgery YES NO
- Diabetes YES NO
- Heart or Lung Conditions YES NO
- Vestibular Conditions/Balance problems YES NO
- Low Back Pain YES NO
- Hip Pain YES NO
- Thigh Pain YES NO
- Knee Pain YES NO
- Shin or Calf Pain YES NO
- Foot or Ankle Pain YES NO
- Do any of these problems still bother you? YES NO

Please describe in detail any categories circled "yes"

Exercise History

How long have you been running ? _____ Do you run for Fitness Recreation Competition

How often do you run? _____ x/week Weekly Miles _____

What types of surfaces do you typically run on? (check all that apply)

- Sidewalk Road Treadmill Trails Track Hills Grass Other _____

Have you made any changes in your training regime?

(hills, increased mileage, intervals, shoes, speed, surfaces, or others?)

What other forms of exercise do you participate in and how often?

- Weights ___ x/week Bike ___ x/week Elliptical ___ x/week Swim ___ x/week Other (list) _____ X/week

Do you stretch routinely? YES NO

If yes, when? _____ What areas? _____

Running Assessment Intake Form cont.



Footwear

Running Shoe (Make and Model) _____

How old are your current running shoes? _____

Approximately, how many miles have your shoes been used for? _____

Do you wear orthotic? YES NO

If yes, are they: Custom Store bought How old are they? _____

What features do you typically look for in a shoe? (stability, cushioning, minimalism?)

What are your running goals? (Check all that apply)

- Injury
- Prevention
- Improved Running Efficiency/ Performance
- Injury Rehabilitation
- Identification/ Correction of Muscle Imbalances
- To be able to complete a _____ race

What to Bring to your Running Assessment Appointment

- Current running shoes
- Current pair of orthotics-if you normally wear them
- Shorts- as short or form fitting as possible
- A t-shirt, tank top or sports bra
- A list of any questions or concerns you may have
- Your completed Intake Forms and Consent



Informed Consent for Evaluation and Treatment

You should be in good physical condition to be able to participate in this assessment. By engaging in this test and/or exercise program, you agree that you do so at your own risk, are voluntarily participating in these activities, assume all risk of injury to yourself, and agree to release and discharge Synergy Fitness for Her from any and all claims or causes of action, known or unknown.

In signing this waiver, you agree that you are unaware of any medical condition that would prevent you from participating in the running assessment and proposed exercise program, or have documented clearance from a physician to participate.

I hereby consent to the performance of examination and treatment by the licensed physical therapist engaged in practice in this clinic.

I understand that there are certain degrees of risk associated with any exercise program, which includes rarely, but not limited to strains and sprains, fractures, and disc injuries. I am willing to accept and consent to the risk associated with the care that I am about to receive.

Female patients: My signature on this form indicates that to the best of my knowledge I am not pregnant, nor is pregnancy suspected at this time.

I have read, or the above information has been explained regarding consent. By signing below I agree and intend the consent form to cover the evaluation and treatment for my current state of being as well as any future conditions for which I seek treatment.

I understand that I must give 24 hours notice for cancellations of appointments. I also acknowledge that all services rendered and charged to me are my personal responsibility.

Print Name _____ **Signature** _____

Date _____