



Golf Fitness Profile

General Information

Name _____ Age _____ Gender M F
 Address _____ City/State/Zip _____
 Email Address _____ Phone _____
 Date of Birth _____ Social Security Number _____
 How did you hear about us? Golf Pro (name) _____, Friend (name) _____,
 Other _____.

Golf Information

You are a right/left handed golfer. What is your handicap? _____
 How many times per week do you play golf on average? _____
 Who is your local golf pro? _____
 What are you working on with your swing? _____

 Name two things you'd like to see change in your game or swing? _____

 Main goals: treat an injury ____, prevent an injury ____, improve golf performance ____,
 Develop a golf fitness routine ____, other _____

Fitness Information

How long have you been working out? _____
 Describe your usual workouts (frequency, time, equipment, exercises, etc.) _____

 What exercise equipment do you have available to you? _____

 What days do you prefer to work out? _____
 _____ Mon, _____ Tues, _____ Wed, _____ Thurs, _____ Fri, _____ Sat, _____ Sun

Medical Information

Are you here for a specific injury or medical diagnosis? Y N _____
 Please check if you have any problems with your: _____ low back, _____ neck, _____ shoulder,
 _____ elbow, _____ wrist, _____ hip, _____ knee, _____ ankle
 Please elaborate on other pertinent past injuries. _____

Continued on next page

Robyn Pester Physical Therapy, INC.

Do you have a doctor's permission to exercise? Y N

Do you have a family history of heart disease? Y N

Has your doctor ever told you that you have a heart condition? Y N

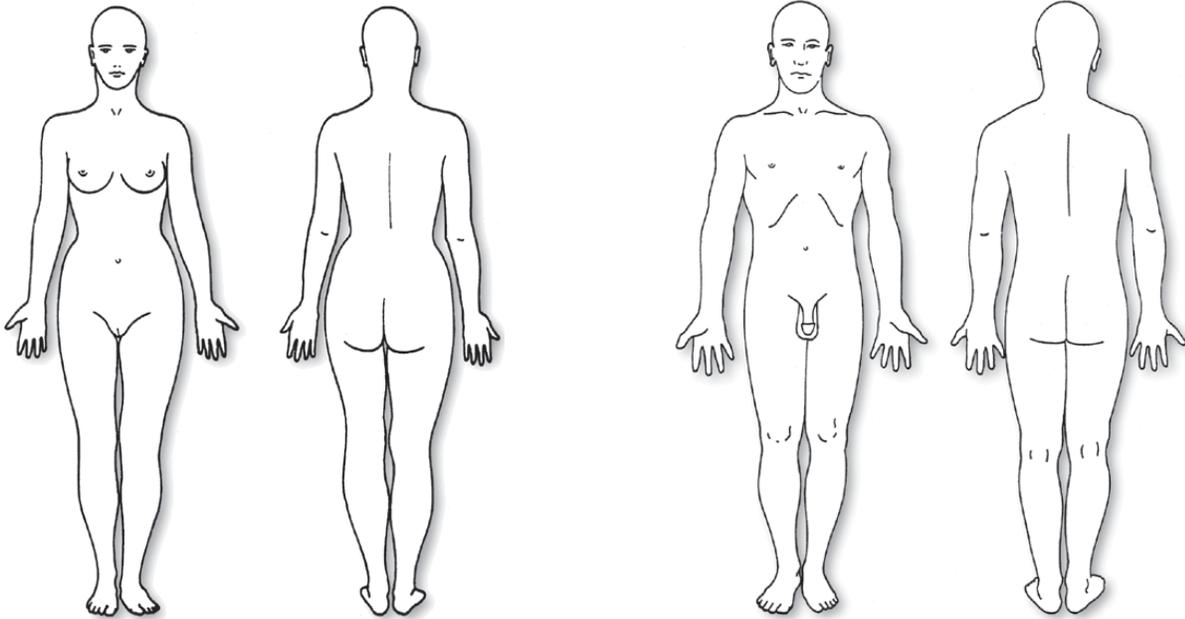
If so, please describe the condition. _____

Have you had chest pain while exercising or engaging in physical activity? Y N

Have you had dizziness or loss of consciousness while exercising or engaging in physical activity?
Y N

Please mark any relevant symptoms you have below.

(A: Ache S: Stabbing R: Radiating P: Pins and Needles O: Other)



I understand that there is risk involved in all physical activity. I affirm that I have my doctor's permission to exercise. I understand that all fitness activities should be approved by my doctor. I understand that I assume all risk involved in engaging in physical activity and that I must monitor my own condition at all times.

Signature

Date