

Health Questionnaire



Part 1: Athlete Information (Please print clearly)

Athletes Name:
Date of Birth & Age:
Address:
Email (Personal & Parent):
Phone Number (Personal & Parent):
Sport(s) (Please include specific positions):

Part 2: Injury History (Please be as specific as possible)

1.) Have you ever-experienced low back pain? Yes or No
If yes, please describe the pain, how and when it occurred and if it re-occurs.
2.) Have you ever had a shoulder dislocation or subluxation? Yes or No
If yes please explain how, when, either right/left/both, and if you have had surgery?
3.) Have you ever had knee pain or a knee injury? Yes or No
If yes please explain how, when, either right/left/both, and if you have had surgery?
4.) Have you ever had any surgical procedures, incidents or injuries in the past?
For example: Hernias? Concussions? (Please consider recent months) If yes, please describe.

Who are U?

1.) What's the primary reason for participating in our training program?

2.) What are your hobbies?

3.) What's your favorite food?

4.) What's your stress relieving getaway place or activity?

5.) What are your future athletic goals (i.e. Make the varsity squad, become a starter for your club, receive a collegiate scholarship, etc.)?

