**Training history**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level of competition:** | **Running surface:** | | **Cross-training:** |
| Recreational – casual | Treadmill | | Cycling |
| Recreational – competitive | Pavement | | Swimming |
| Elite / professional | Trail | | Weights / resistance |
|  | Track | | Yoga / stretching |
|  |  | |  |
| Other: Click or tap here to enter text. | | | |
| Years of running: Choose an item. | | Mileage p/week: | |
| Long run distance: Choose an item. | | Shoe type: Click or tap here to enter text. | |
| Runs p/week: Choose an item. | | Miles on shoes: Click or tap here to enter text. | |
| Mile pace: Choose an item. | |  | |

|  |  |
| --- | --- |
| Shoe inserts or orthotics? | Yes  No |
| Currently training for a race? | Yes  No |
| If yes, race and date: Click or tap here to enter text. | |

|  |  |
| --- | --- |
| **Recent changes in your training?** | **When do symptoms occur in your run?** |
| Increased mileage | Every step of the run |
| New shoes or inserts | Worse at end of the run |
| Speed work | Worse at the start, then improves |
| Hill training | Only after the run ends (or next day) |
| Change in terrain | No symptoms |

**Medical history**

|  |
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| **Name:** Click or tap here to enter text.  **Date and brief description of injury:** Click or tap here to enter text. |
| **Previous treatments for injury:** Click or tap here to enter text. |
| **Past medical and surgical history:** Click or tap here to enter text. |
| **Medications:** Click or tap here to enter text. |
| **Allergies:** Click or tap here to enter text. |
| **Prior musculoskeletal injuries:** Click or tap here to enter text. |