**Training history**

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| --- | --- | --- |
| **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. |