Health History Questionnaire

Today's Date _____/_____/_____
Name _____ Gender: M F DOB ____/____/____ Age ____
Mailing Address _____ Email _____
Home Phone (_____) ____-_____ Work Phone (_____) ____-_____ Pager/Cell (_____)____-_____
Emergency Contact Person _____ Phone (_____) ____-_____

THANK YOU FOR TAKING TIME TO COMPLETE THIS QUESTIONNAIRE. Please answer each question carefully and completely. This is very important information and will contribute significantly to the development and implementation of your personal health and fitness program. If you have any questions please do not hesitate to ask your specialist -_____ Phone (_____) _____-_____

PART 1 – Medical History

1. Who are your primary and secondary care medical providers? (Family physician, OBGYN, internist, psychiatrist, chiropractor, etc.) Please include full name, address and reason for seeing the provider.

Name	Address and Phone	Care Provided

2a. Please list any medications you are currently taking daily and which ones you are specifically taking during a round of golf. (Use reverse side of page if needed)

Name of medication daily	Dosage	Why & How long have you been taking this medication?

Please complete the following information as completely and thoroughly as possible.
This is an extremely important section of this questionnaire

Body Part	1-18 years	19 - 29 years	30 – 45 years	46 - 60 years	60 + years
Head/Jaw i.e. Clicking jaw, concussion,					
Cervical/ Neck i.e. whiplash,					
Thoracic/ Mid back Chest					
Lumbar/ Low back					
Abdominals/ Ribs Hernia					
Pelvis/Hips Joint Femur/Thigh					
Knees Patella, ACL, Tendonitis					
Ankle, Feet Toes,Plantar Fasciitis, Bunion Orthotics					
Shoulder/ Scapulae/ Collar bone Rotator cuff					
Elbow i.e. tennis elbow					

Body Part	1 -18 years	19 - 29 years	30 – 45 years	46 - 60 years	60 + years
Wrist/Hand Fingers Carpal Tunnel					

7. Have you had any cosmetic/plastic surgery? Please describe below. (breast augmentation, tummy tuck, botox)

_____

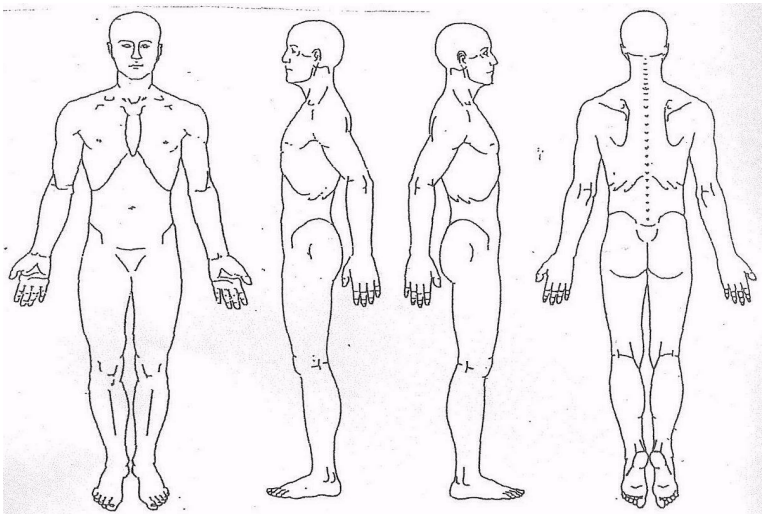
_____

_____

8. *Diagnosed Diseases* **Please Provide all medical reports (X-rays/MRI/CT Scan)**	***Initial Diagnosis Made***
Orthopedic (i.e. Spinal fusion, Knee joint replacement)	
Dental Work (Braces/Night Bite Plates, Appliances, orthodontics)	

10. ***Please prioritize the severity (#1 is the worst or greatest concern) of your current physical pain/ discomfort/limitation and mark it on the figures below.***

#1	
#2	
#3	
#4	



Golf MATchanics Health History Questions

1. Are you working with a golf pro? Would you like me to contact him? Yes or No

Name:_____ Contact info: _____

2. What is your Handicap? What do you want it to be?

3. How long have been playing? At what age did you start golfing?

4. Right handed or left handed (which side do you play?)

5. Do you take lessons? How long? What are you working on?

6. What are your strengths and weaknesses of your game?

7. Do you have a warm up ritual? Passive or active stretching, isometrics, or dynamics?

8. How long are you practicing? What is your practice made up of?
    a. Range:
    b. Course:
    c. Driver:
    d. Long irons:
    e. Short Irons:
    f. Chipping:
    g. Short Game:

9. How often do you play? 9 holes vs 18 holes vs 36?

Golf MATchanics Health History Questions

10. Have you been fitted for golf clubs? Where did you go? How was your clubs adjusted?

11. What type of shoes do you wear? Spikes? Sneakers? Sandals? Flexible? Stiff?

12. Do you take any medications before or during round? Please list.

13. What do you eat before, during, and after Food and drink? Do you drink alcohol on the course?

14. Have you been told you have any of the following (circle which ones apply)

- S Posture
- C Posture
- Loss of Posture
- Flat Swing plane
- Flying Elbow
- Reverse Spine Angle
- Hanging back
- Scooping
- Over the Top.
- Sway
- Slide
- Late Buckle
- Early Extension
- Forward Lunge
- Casting
- Chicken Wing

15. What part of your golf game seems to fall apart during a round?

16. What self-care strategies do you currently use to manage these discomforts? (Ice packs, stretching, acupuncture, magnets, heating pad, massage, etc.)

17. What have you found to be positions of relief or things you do to manipulate your own body during a round of golf game to deal with any pain or discomfort?

18. What are your golf goals?

#1	
#2	
#3	
#4	

10.Please include any additional comments or concerns you may have (use back if needed)

Golf MATchanics Health History Questions

Female Golfer Questions:

1. At what age did you start your period?

2. How long is your cycle 21-28-35?

3. How long is your Menses 3-5-7?

4. What day is your heaviest bleeding during Menses?

5. When is your best day? When is your best week?

6. What is your worst day? When is your worst week?

7. When did you your period stop?

8. Are you in menopause? When did it start? Are you on any type of medication? Hormone shots?

9. How often do experience hot flashes? When is it the worst?

10. Any additional comments?