



Cycling History Form

Date: _____ Patient #: _____

Name: _____ Age: _____ Date: _____

1. When did you first notice symptoms? _____
Re-injury: ___Y / ___ N

2. Describe symptoms (area/right side/left side): _____

3. Type of pain: ___Dull ___Throbbing ___Intermittent ___Sore ___Sharp ___Constant ___Burning ___Bruised

4. Onset: ___ Gradual ___ Sudden

5. What was the onset of your symptoms related to:

___ Don't know ___ Change in shoes: from _____ to _____
___ Other _____

6. When do your symptoms occur:

___ As soon as you start to riding ___ While riding
___ During normal activity (such as walking) ___ Always

7. What helps relieve your symptoms: _____

8 What increases your symptoms: _____

9. Have you been treated for this condition previously: ___ Y / ___ N When: _____

By whom: _____ What was the treatment: _____

10. Have you had any other Cycling related problems: ___ Y / ___ N What: _____

When: _____ Treatment: _____

By whom: _____

11. What effects do your symptoms have on your cycling: _____

___ Pain during workout but able to ride ___ Unable to ride ___ Riding compromised by pain
___ Other _____

12. Have you had any surgery within the last two years: ___ Y / ___ N

If yes, what type of surgery and when: _____

13. Please check all that apply:

- Shoulder: Sprain Dislocation Separation Fracture When and which side: _____
- Elbow: Sprain Dislocation Separation Fracture When and which side: _____
- Hand: Sprain Dislocation Separation Fracture When and which side: _____
- Wrist: Sprain Dislocation Separation Fracture When and which side: _____
- Fingers: Sprain Dislocation Separation Fracture When and which side: _____
- Knee: Sprain Dislocation Separation Fracture When and which side: _____
- Ankle: Sprain Dislocation Separation Fracture When and which side: _____
- Back: Sprain Dislocation Fracture When and which side: _____

14. Type of athlete: Fitness High School Recreation
 Club Professional College

15. Frequency of riding: Daily Weekly Monthly

16. What is your average distance and time, of your training ride: _____

17. What kind of bike do you ride: _____

18. Do you use clipless pedals: Y / N

19. Do you wear a helmet: Y / N

20. Do you wear orthotics or other corrective devices: _____

How long have you worn them: _____ What effect do they have: _____

Who prescribed them: _____

21. Have you required Athletic taping/wrapping: Y / N

If so, where: _____

22. Do you stretch regularly: Y / N Before playing After playing How long

23. Female athlete – Normal menstrual cycles: Y / N

24. Athletic affiliation/Club/School: _____

Coach's Name: _____ Phone: _____ email: _____

25. What other sports or cross training do you participate in on a regular basis: _____