



Golf 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. Golf handed: ___ Right / ___ Left Handed: ___ Right / ___ Left

4. Type of pain: ___ Dull ___ Throbbing ___ Intermittent ___ Sore ___ Sharp ___ Constant ___ Burning ___ Bruised

5. Onset: ___ Gradual ___ Sudden

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

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

7. When do your symptoms occur:

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

8. How long do your symptoms last: _____

9. What helps relieve your symptoms: _____

10. What increases your symptoms: _____

11. Do you feel pain during: ___ Back swing ___ Follow thru ___ Midswing

12. Have you been treated for this condition previously ___Y / ___ N When: _____
 By whom: _____ What was the treatment: _____

13. Have you had any other golf related problems: ___Y / ___ N What: _____
 When: _____ Treatment: _____
 By whom: _____

14. What effects do your symptoms have on your golf playing: _____
 ___ Pain during workout but able to play ___ Unable to play ___ Workout compromised by pain
 ___ Other _____

Patient Name: _____ Patient #: _____

15. 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: _____

16. Have you had any surgery within the last two years: ___Y / ___ N

If yes, what type of surgery and when: _____

17. Type of Golf player: _____ High School _____ Recreation _____ College _____ Professional

18. Handicap: _____

19. Frequency of playing: _____ Daily _____ Weekly _____ Monthly

20. When in your practice sessions, please indicate the number of hours you spend on:

_____ Short game _____ Long game _____ Putting

21. How long have you been playing: _____

22. Brand and model of shoes you wear when playing: _____

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

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

Who prescribed them: _____

24. Have you required Athletic taping/wrapping: ___Y / ___ N

If so, where: _____

25. Do you stretch regularly: ___Y / ___ N _____ Before playing _____ After playing _____ How long

26. Female golf player – Normal menstrual cycles: ___Y / ___ N

27. Golf Affiliation Club/School: _____

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

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