



Runner History Form

Date: _____ Patient #: _____

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?

___ Change in surface: ___ Increase in mileage
___ Change in speed: ___ Faster ___ Slower
___ Running hills: ___ Up ___ Down
Other _____

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

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

7. When do your symptoms occur:

___ As soon as you start to run ___ While running
___ 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. Have you been treated for this condition previously ___Y / ___ N When: _____
By whom: _____ What was the treatment: _____

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

Patient Name: _____ Patient #: _____

13. What effects do your symptoms have on your running workout: _____
_____ Pain during workout but able to run _____ Unable to run _____ Workout compromised by pain
_____ Other _____

14. Please check all that apply:

Shoulder: _____ Sprain _____ Dislocation _____ Separation _____ Fracture When and which side: _____

Elbow: _____ 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: _____

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

If yes, what type of surgery and when: _____

16. Type of Runner: _____ Fitness _____ High School _____ Recreation
 _____ Club _____ Professional _____ College

17. Affiliation Club/School: _____

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

18. Frequency of running: _____ Daily _____ Weekly _____ Monthly

19. How long have you been running: _____

20. What types of surface do you run on: (please check all that apply)

_____ Composition track _____ Asphalt _____ Beach _____ Cinder track _____ Cross Country
_____ Treadmill Other _____

21. Where do you do most of your running:

_____ Hills _____ Flat _____ Trails _____ Crowned roads

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

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

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

Who prescribed them: _____

Patient Name: _____ Patient #: _____

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

If so, where: _____

25. Have you ever been diagnosed with a stress fracture: ___Y / ___ N

26. Do you stretch regularly: ___Y / ___ N ___ Before running ___ After running How long _____

27. Female runner, normal menstrual cycles: ___Y / ___ N

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