



Swimmer 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. Area/side of pain: _____

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

5. Onset: ___ Gradual ___ Sudden

6. How many years have you been swimming? _____

7. How many days a week do you swim? ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 2x daily

8. What is your average yardage in one practice? _____ In one week? _____

9. During what strokes do you feel your pain? ___ Butterfly ___ Backstroke
___ Breaststroke ___ Freestyle

10. Do you feel your pain during: ___ Pull ___ Kick ___ Flip turn
___ Push off ___ Dive ___ Streamline

11. When do your symptoms occur?
___ As soon as you start to swim ___ During the swim ___ After you swim ___ Always

12. How long do your symptoms last? _____

13. What helps to relieve your symptoms? _____

14. Have you been treated for this condition previously? ___Y / ___ N
When: _____ By Whom: _____ What Treatment: _____

15. What effect do your symptoms have on your workout?

___ Pain during workout but able to swim ___ Unable to work out ___ Self-imposed rest
___ Workout compromised by pain ___ Other

Patient Name: _____ Patient #: _____

16. 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: _____

17. Type of swimmer: _____ Fitness _____ High School _____ Club
_____ Recreation _____ College _____ Professional

18. Affiliation Club/School: _____

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

19. Do you stretch regularly? _____ Y / _____ N
Before swimming: _____ 5 min _____ 10 min _____ 15 min _____ more
After swimming: _____ 5 min _____ 10 min _____ 15 min _____ more

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