



Tennis 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/racquet: from _____ to _____
 ___ Other _____

6. When do your symptoms occur:
 ___ As soon as you start to play tennis ___ During your serve ___ During your backhand
 ___ During normal activity (such as walking) ___ During your forehand ___ Always

7. How long do your symptoms last: _____

8. What helps relieve your symptoms: _____

9. What increases your symptoms: _____

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

11. Have you had any other tennis related problems: ___Y/ ___N What: _____
 When: _____ Treatment: _____
 By whom: _____

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

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. Have you had any surgery within the last two years: _____Y / _____N

If yes, what type of surgery and when: _____

15. Type of Tennis player: _____ Fitness _____ High School _____ Recreation _____ Single
_____ Club _____ Professional _____ College _____ Doubles

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

17. How long have you been playing: _____

18. Where do you play mostly: _____ Inside wooden court _____ Outside concrete court _____ Grass
_____ Clay court _____ Synthetic court

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

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

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

Who prescribed them: _____

21. Do you stretch regularly: _____Y / _____N _____ Before playing _____ After playing _____ How long

22. Female tennis player – Normal menstrual cycles: _____Y / _____N

23. Have you required Athletic taping/wrapping: _____Y / _____N

If so, where: _____

24. Have you ever been diagnosed with a stress fracture: _____Y / _____N Where: _____

25. Affiliation Club/School: _____

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

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