

ATHLETE INTAKE FORM

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Phone: Home _____
Cell _____

City: _____ Postal Code: _____ Email: _____

Medical Doctor: _____ Referred by: _____

Referred to name (if applicable): _____

SPORT: _____ Coach's Name: _____

Level of Play: Professional National Provincial Varsity Regional

Carded Athletes Only – Please indicate level Gold Silver Bronze

Please provide a brief description of your current pain or injury: _____

Imaging done to date: MRI X-RAY Ultrasound When: _____

Where: _____

Are you pre or post surgery for this injury? Yes No

Duration of symptoms: _____ Have you had these symptoms before? Yes No

This condition is: Constant Comes & Goes Progressively Worse Progressively Improving

Please indicate your current pain level with a slash on the line below.

NO PAIN AT ALL _____ PAIN AS BAD AS IT COULD BE

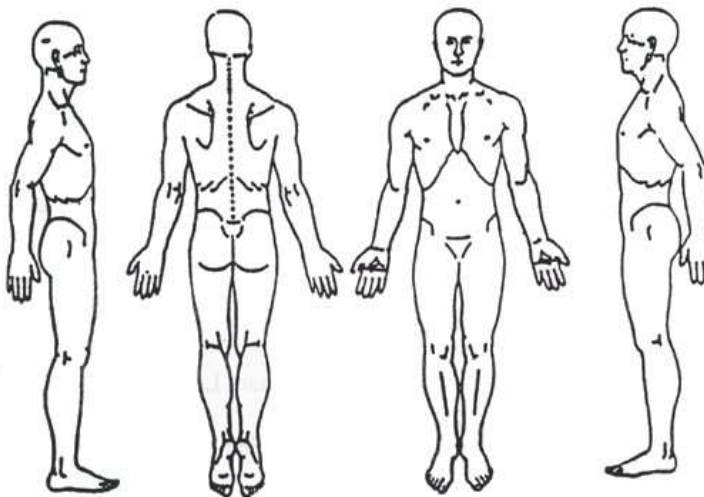
On the following diagrams, please indicate **all areas** causing:

PAIN (mark with xxx's)

STIFFNESS (mark with //)'s)

NUMBNESS (mark with ooo's)

OTHER – (explain _____)
_____)



Have you received previous care for these symptoms? Yes No

If Yes: When: _____ Where: _____