

Robyn Pester Physical Therapy

Patient: _____

Date: _____

FITNESS HISTORY

	Intent:(Circle)	Health	Fitness	Performance	
1. Number of years involved with:	Running _____	Biking _____	Swimming _____	Walking _____	
2. Distance or duration per day you average:	Run _____	Bike _____	Swim _____	Walk _____	
3. How many times do you exercise per week:	Run _____	Bike _____	Swim _____	Walk _____	
4. How many miles is your longest workout	Run _____	Bike _____	Swim _____	Walk _____	
5. What pace do you average in your workout:	Run _____	Bike _____	Swim _____	Walk _____	

Running/Walking History

1. What type of runner do you consider yourself? (circle) beginner intermediate advanced competitive
2. How do you train (circle) long slow distance tempo fartlek intervals sprint training hills other _____
3. What type of terrain do you usually train on: (circle) grass dirt concrete asphalt sand track hilly flat other _____
4. What type of running shoe do you wear for training _____ For racing _____
5. What is the most important feature you look for in your running shoe? (circle) comfort stability price other _____
6. Do you wear any of the following in your running shoes? (circle) Spenco insole orthotics arch supports Superfeet other _____

Biking History

1. What type of cyclist do you consider yourself? (circle) recreational fitness spin classes triathlete road track
2. What is your height? _____ Frame size: _____ Crank size: _____
3. What is your shoe make? _____ Pedal Type _____ Do you use a cleat Y/N Toe Clips Y/N Nothing
4. What is your postural tolerance in the down position? _____ (Indicate time)
5. What hand position do you ride in the most: (Circle) Top of handlebars _____ Brake levers _____ Down Position _____
6. Do you use aerobars: Y/N What is your average speed? _____
7. What is average pedaling cadence: <90 rpm _____ 90-110 rpm _____ > 110 rpm _____
6. Rate your handling skills: Novice _____ Intermediate _____ Advanced _____

GOLF / PILATES / YOGA

Number of years involved with: **Golf** _____ **Pilates** _____ **Yoga** _____

How many times do you exercise per week: **Golf** _____ **Pilates** _____ **Yoga** _____

Golf Handicap _____