



Press Play Analysis is a subdivision of Innersport Chiropractic, Ltd.

Movement Analysis Intake Questionnaire

Kindly fill out the following information as completely as possible so that we may better serve you.

About you...

Name: _____ Date: _____

Address: _____ City, State & Zip: _____

Home Telephone: () _____ Work Telephone: () _____

Cell Phone/ Pager: () _____ E-mail: _____

Birthdate: _____ Gender _____ Occupation: _____

How did you hear about Press Play Analysis? _____

Have you had a video analysis before? Yes: _____ No: _____

What is your goal with obtaining a Video Analysis?

Injury History

If you currently have or have had an injury in the past (please include all injuries, even minor)

Examples: Ankle or other sprains, fractures, hip problems, pulled or torn muscles, foot pain, plantar fasciitis or Achilles tendonitis, low back or knee pain, etc.... please describe below.

What is the primary injury and when did you first notice it?

What can you do to make it feel better?

What makes it worse?

What type of pain is it? (Please choose)

Sharp___ Stabbing___ Achy___ Burning___

Dull___ Diffuse___ Localized___

Does the pain radiate? Yes___ No___ Where to?_____

At what time of the day or when during sport does it seem to be at its

worst?_____

Has this problem ever been treated before? If so, with what therapy?_____

Would you like us to forward the analysis results to a health care professional, coach, trainer, etc? If yes, please see release form. What is their contact info?

1.Name:_____ Position:_____

Email:_____ Phone:_____

2.Name:_____ Position:_____

Email:_____ Phone:_____

3.Name:_____ Position:_____

Email:_____ Phone:_____

ACTIVITY HISTORY

Years doing this sport : _____

Distance/Time training a week: _____

Average pace at race/competitive distance (if competitive): _____

What other physical activities do you currently participate in? _____

Estimated average weekly running/walking/cycling mileage or golfing (# of holes):

Please describe your typical training surface (e.g. grass, trail, track, sidewalk, road): _____

Please describe your level of competition:

Recreational (no interest in racing) _____ Recreational but competitive _____

Regional races _____ National races _____ International races _____

SHOES

Current shoe brand and model: _____

How old are your shoes (months): _____

About how many miles have your shoes been worn for? _____

Any odd wear patterns you may be concerned about? _____

Do you wear Orthotics? _____ How long? _____ What Kind? _____

Any other concerns with your current shoes? _____