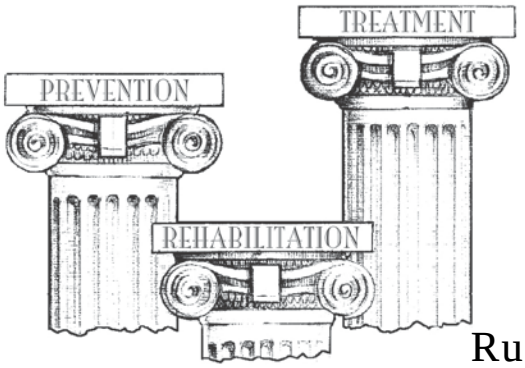

GURNEE PODIATRY & SPORTS MEDICINE ASSOC.
LISA M. SCHOENE, DPM, ATC, FACFAS
FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE SURGEONS
FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE ORTHOPEDICS & MEDICINE
FELLOW, AMERICAN ACADEMY OF PODIATRIC SPORTS MEDICINE
CERTIFIED ATHELETIC TRAINER
ERIN M. SMIELEWSKI, DPM, FACFAOM
FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE ORTHOPEDICS & MEDICINE
DIPLOMATE AMERICAN BOARD OF PODIATRIC MEDICINE
PHYSICIAN, SURGEON & SPECIALIST

Runner / Athletic History Form

Please complete by circling or filling in the blanks.

Name: _____ **Age:** _____ **Height (inches):** _____

Weight (pounds): _____ **Sex:** M F **Shoe Size:** _____ **Shoe Width:** _____

Shoe Style: Walking Aerobic Cleated Distance Running Sprinting Court Shoes

Other (specify): _____

Shoe Brand: Adidas Brooks Reebok Nike New Balance Asics Mizuno Saucony

Other (specify): _____

Socks: Y N **If yes, how many pairs?** 1 2

Dominant Hand: R L **Dominate Foot:** R L

Body Type: Thin Muscular Overweight **Body Frame:** S M L

Sport(s): _____

Intensity: _____

Terrain: Level Hill Track Treadmill Court

Surface: Paved Road Sidewalk Dirt Grass Soft Sand Packed Sand Artificial Track Gravel

Time of day that you run/walk: Morning Afternoon Evening

Runners: Miles per week: _____ How many days a week to do you run? _____

How long have you been running (years)? _____

Do you race? Y N **Distance:** _____ **Track workouts:** _____

What is the most miles ever run at one time? _____

Have you ever run a marathon? Y N **If yes, how many?** _____

What training program do you follow? _____

Do you use orthotics? Y N **If yes:** Plastic Graphite Cork/Leather Over the Counter

How would you classify your foot structures? Flatfoot High Arch Normal

Lower extremity CURRENT injury:

Forefoot Midfoot Rearfoot Ankle Fibula Tibia Femur Knee Hip Back

Severity: Pain upon rising from bed/chair

Pain only after running/working out

Pain before, during and after running, but able to perform workout

Work out compromised by pain

Unable to work out – self-imposed rest

Please write in your own words, the type of pain and where it hurts: _____
_____
_____

Symptomatic Side: Right Left Both

Have you had this injury before? Y N **When?** _____

Do you strength train? Y N **Free Weights Machines**

How often? _____ Upper Body Lower Body Both

Do you stretch? Before: Y N **After:** Y N

If yes, how long? 5 Minutes 10 Minutes 15 Minutes Upper/Lower Body?

If you follow a different warm-up/cool-down routine for running explain: _____
_____
_____

Past treatment, CURRENT injury: Y N

Describe: _____
_____

Previous lower extremity/back injuries or surgeries: Y N

Describe: _____
_____

What type of clinician did/are your seeing? _____
_____

Type of treatment: Crosstrain Rest Pills Injections Tape Foot Padding Orthotics

Physical Therapy Massage Chiropractic

Did treatment help? Y N **How much?** _____ %

Additional comments: _____
_____
_____