



**GURNEE
PODIATRY &
SPORTS MEDICINE
ASSOC.**

Treatment • Prevention • Rehabilitation

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Fellow, American College of Foot & Ankle Orthopedics & Medicine
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Certified Athletic Trainer

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Fellow, American College of Foot & Ankle Orthopedics & Medicine
Physician, Surgeon & Specialist

Bruce A. Bever, DPM
Physician, Surgeon & Specialist

Runner/Athletic History Form

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

Weight (pounds): _____ Gender: Male Female

Shoe Size: _____ Shoe Width: _____

Dominant Hand: Right Left Dominant Foot: Right Left

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

Shoe Style: Walking Aerobic Cleated Distance Running Sprinting Court Shoes

Other (specify): _____

Shoe Brand: Adidas Altra Asics Brooks Hoka Mizuno New Balance Nike Saucony

Other: _____

Socks: Yes No If yes, pairs: 1 2

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

How long have you been running (years)? _____

Do you race? Yes No Distance?: _____ Track workouts? _____

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

Have you ever run a marathon? Yes No If yes, how many? _____

Have you every participated in a Triathlon/Ironman competition Yes No If yes, how many? _____

What training program do you follow? _____

Do you use orthotics? Yes No If yes: Plastic Graphite Cork/Leather Over the Counter

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

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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.
 Workout 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? Yes No When? _____

Do you strength train? Yes No Free Weights Machines

How often? _____ Upper Body Lower Body Both

Do you stretch? **Before:** Yes No **After:** Yes No

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

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

Past treatment, for **current** Injury? Yes No

Describe: _____

Previous lower extremity/back injuries or surgeries:

Describe: _____

What type of clinician have/are you seeing? _____

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

Did treatment help? Yes No How much? _____%

Additional comments: _____

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