



Golf Fitness Profile

General Information

Name _____ Age _____ Gender M F
Address _____ City/State/Zip _____
Email address _____ Phone _____
Date of Birth _____ Social Security Number _____
How did you hear about us? The Peak _____, Golf Pro (name) _____,
Friend (name), _____ Other _____.

Golf Information

You are a right/left handed golfer. What is your handicap? _____
How many times per week do you play golf on average? _____
Who is your local golf pro? _____
What are you working on with your swing? _____

Name two things you'd like to see change in your game or swing? _____

Main goals: treat an injury _____, prevent an injury _____, improve golf
performance _____, develop a golf fitness routine _____, other _____

Fitness Information

How long have you been working out? _____
Describe your usual work outs (frequency, time, equipment, exercises, etc.) _____

What exercise equipment do you have available to you? _____

What days do you prefer to work out? _____
____ Mon, ____ Tues, ____ Wed, ____ Thurs, ____ Fri, ____ Sat, ____ Sun

Medical Information

Are you here for a specific injury or medical diagnosis? Y N _____
Please check if you have any problems with your: ____ low back, ____ neck,
____ shoulder, ____ elbow, ____ wrist, ____ hip, ____ knee, ____ ankle
Please elaborate on other pertinent past injuries. _____

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Do you have a doctor's permission to exercises? Y N

Do you have a family history of heart disease? Y N

Has your doctor ever told you that you have a heart condition? Y N

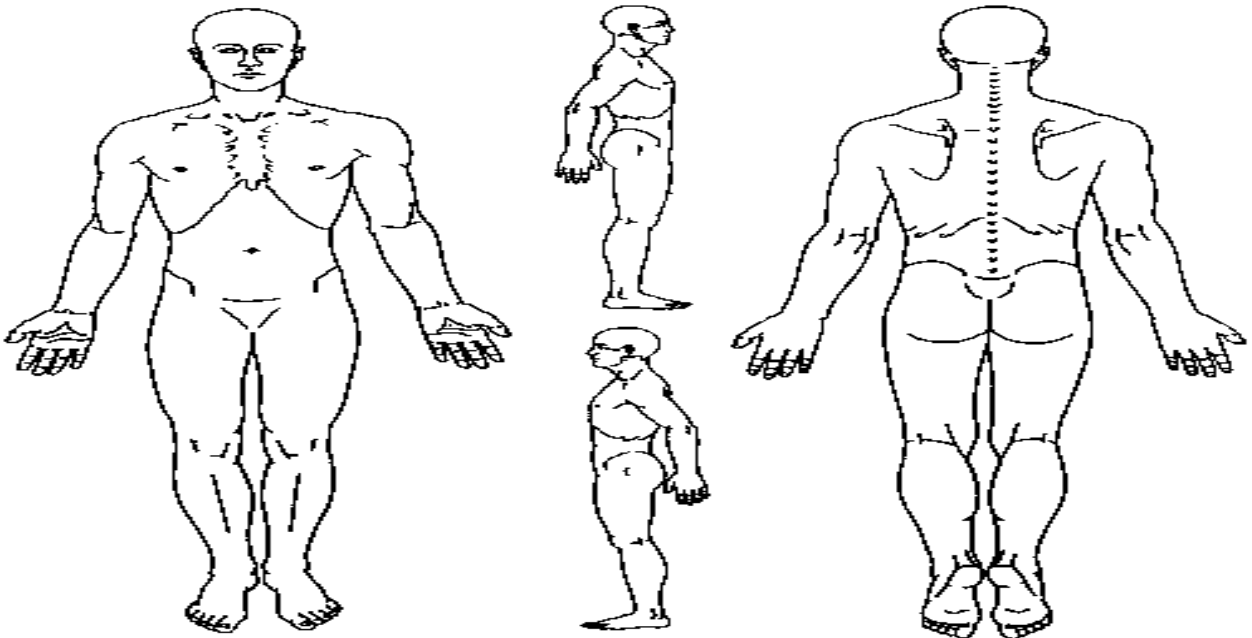
If so, please describe the condition. _____

Have you had chest pain while exercising or engaging in physical activity? Y N

Have you had dizziness or loss of consciousness while exercising or engaging in physical activity? Y N

Please mark any relevant symptoms you have below.

(A: Ache S: Stabbing R: Radiating P: Pins and Needles O: Other)



I understand that there is risk involved in all physical activity. I affirm that I have my doctor's permission to exercise. I understand that all fitness activities should be approved by my doctor. I understand that I assume all risk involved in engaging in physical activity and that I must monitor my own condition at all times.

Signature

Date