



YOUR BODY. YOUR HEALTH. YOUR GAME.

GOLFER PROFILE

Name: (F) _____ (M.I.) _____ (L) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (eve) _____ Cell: _____

Email: _____

Birthdate: _____ Sex: M / F Right / Left Handed

How did you hear about this program? _____

GOLF SPECIFIC QUESTIONS (circle or fill in most appropriate responses)

1. What level of play are you?

- a. beginner
- b. intermediate
- c. advanced
- d. amateur
- e. professional

2. How many years have you been playing golf?

- a. 1-5
- b. 6-10
- c. 11-20
- d. 21-30
- e. more than 30

3. How many rounds of golf per year do you play?

- a. 1-20
- b. 21-50
- c. 51-100
- d. more than 100

4. My official USGA handicap is:

- a. over 40
- b. 30-40
- c. 20-30
- d. 10-20
- e. 0-10
- f. unsure

5. Which of the following tendencies occur in your typical ball flight? (all that apply)

- a. low
- b. high
- c. straight
- d. slice
- e. hook
- f. fade
- g. draw
- h. other / unsure of how to answer

6. If you miss-hit a shot, what typically happens?

- a. top/skull/thin
- b. fat/chunky/big divot
- c. whiff
- d. shank
- e. block
- f. other / unsure of how to answer

7. What are the strongest parts of your game?

- a. off the tee/driving
- b. long irons
- c. short irons
- d. chipping/pitching/sand
- e. putting
- f. unsure of how to answer

8. What are the weakest parts of your game?

- a. off the tee/driving
- b. long irons
- c. short irons
- d. chipping/pitching/sand
- e. putting
- f. unsure of how to answer

9. What are some specific goals that you would like to address?

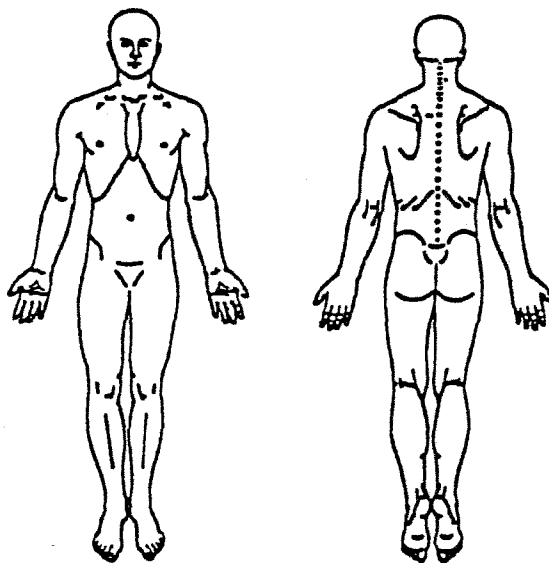
- a. lower handicap
- b. improve consistency
- c. improve course management skills
- d. learn distances of different clubs
- e. play without pain
- f. increase distance
- g. learn a particular type of shot
- h. train for tournament or golf vacation

10. Which Country Clubs or public courses do you play?

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MEDICAL / HEALTH STATUS (circle most appropriate responses)

1. Do you take any medications that may affect your ability to exercise? a. Yes b. No
2. Do you have any medical conditions that prohibit / affect exercise? a. Yes b. No
3. Do you take anti-inflammatory medications before, during or after golf? a. Yes b. No
4. Do you have any joint replacements, i.e. hip? a. Yes b. No
5. Do you currently have any pain or problems affecting your daily activities? a. Yes b. No
6. Have you gained or lost more than 15 pounds in the last 6 months? a. Yes b. No
7. Please notate any areas of pain or problems with an (X) in the following diagram:



Use this area for any additional comments: _____

