



## HEALTH INFORMATION

1. In your own words, please describe your chief complaint and when you first noticed the problem. (if you currently have an injury or an area of soreness/stiffness)

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2. What seems to make the problem better? \_\_\_\_\_

3. What seems to make the problem worse? \_\_\_\_\_

4. What type of pain is it? (Please check)

Sharp     Stabbing     Achy     Burning     Dull     Diffuse     Localized

5. Does the pain radiate?  Yes  No

6. At what time of the day does it seem to be at its worst? \_\_\_\_\_

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

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## PHYSICAL HISTORY

Please **circle** any conditions you have or **have had** in the past

### *Musculoskeletal system Specific Injuries*

Neck problems                      Patellofemoral pain syndrome                      Muscle tear/strain

Upper back problems              Achilles' tendonitis (tendonosis)                      Foot stress fracture

Tendonitis: *location(s)*: \_\_\_\_\_

Arthritis: *location(s)*: \_\_\_\_\_

Shoulder problems                      Illiotibial band friction syndrome                      Elbow/wrist problems

Plantar faciitis                      Low back problems                      Shin splints

Hip/pelvis problems                      Compartment syndrome                      Knee problems

Meniscal injury                      Lower leg problems                      Tibial stress fracture

Ankle/foot problems

**Other:**

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Additional Notes:

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## ACTIVITY INFORMATION

1. What physical activities do you currently participate in?

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2. Please describe your typical weekly training/activity routine:

*NOTE: If you have recently been off due to injury please describe your routine pre-injury*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

3. Estimated average weekly walking and/or running mileage: \_\_\_\_\_

4. Estimated hours of Running/walking per week: \_\_\_\_\_

5. Please describe your typical running terrain (e.g. road, track, trail, grass): \_\_\_\_\_

6. Please describe your level of competition:  Recreational  Provincial  National  International

Please use the space below to provide any other information you feel might be important.

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## **Informed Consent for Examination and Treatment**

You should be in good physical condition and be able to participate in this analysis. By engaging in this testing or exercise program, you agree that you do so at your own risk, are voluntarily participating in these activities, assume all risk of injury to yourself, and agree to release and discharge Pursuit Athletic Performance, LLC from any and all claims or causes of action, known or unknown, arising out of their negligence.

In signing this waiver, you agree that you are unaware of any medical condition that would prevent you from participating in the analysis procedures and proposed exercise program, or have documented clearance from a physician to participate.

I (we) hereby consent to the performance of examination and treatment of myself or of the undersigned by the licensed doctors of chiropractic, physical therapists and/or licensed massage therapists who may be employed or engaged in practice in this clinic.

I have had an opportunity to discuss with the doctor(s) or other clinic personnel the nature and purpose of the different physical/massage therapy procedures and chiropractic treatments (manipulation/adjustment). I understand that neither chiropractic nor medical treatment is an exact science and that my care may involve judgments based on facts and information known to the doctor. The doctor uses this judgment to attempt to anticipate or explain risks and complications, and an undesirable result does not necessarily indicate an error in judgment. No guarantee for results can be made or expected, but rather I wish to rely on the doctor to choose and recommend a best course of treatment, based upon facts known, that is in my best interests.

I further understand that there are certain degrees of risk associated with chiropractic health care, massage therapy and physical therapy, which includes rarely, but not limited to fractures, disk injuries, strokes, and strains/sprains. I am willing to accept and consent to the risk associated with the care that I am about to receive.

I have read, or the above information has been explained regarding consent. I have had an opportunity to ask questions about my examination and treatment. By signing below, I agree and intend this consent form to cover the procedures prescribed for my condition and for any future conditions for which I seek treatment.

Female patients: By my signature on this form I do hereby state that to the best of my knowledge I am not pregnant, nor is pregnancy suspected or confirmed at this particular time. Date of last menstrual period\_\_\_\_\_.

I acknowledge that I have received a Notice of Privacy Practices and I have been provided an opportunity to review it. Further, I understand that I must give 12 hours notice for cancellation of appointments and that failure to do so may result in a \$25 charge. I understand and agree that insurance policies are arrangements between insurance carriers and me. I acknowledge that all services rendered and charged to me are my personal responsibility.

Please choose one by initialing:

\_\_\_\_\_ I grant Pursuit Athletic Performance, LLC permission to use video and/or photographs of myself for advertising, website or other purposes.

\_\_\_\_\_ I DO NOT grant Pursuit Athletic Performance, LLC permission to use video and/or photographs of myself for advertising, website or other purposes.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME of Guardian if under 18

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE of Guardian

*Al Lyman, CSCS, FMS*  
*Kurt Strecker, DC, CCSP*



### **What to bring to your gait analysis appointment:**

1. Current running or walking shoes
2. Previous pair of running or walking shoes if your current pair is brand new (or any other past shoes that you have questions on)
3. Current pair of orthotics – if you have them
4. **Shorts** - as short or form fitting as possible
5. A **t-shirt**, tank top or sports bra (if you feel comfortable wearing this for the analysis) – as form fitting as possible, not black if possible
6. A pair of comfortable socks
7. A hair elastic if you have long hair
8. A list of any questions/concerns you might want to have answered

**Note: Please avoid putting moisturizers on your legs/arms the day of your assessment as markers may be placed or drawn on your skin to enhance visibility.**