



Golf Performance Evaluation - General Fitness Profile

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First, please tell us about yourself:

Name:	
Date of Birth:	
Address:	
Email:	
Phone:	

Now, we'd like to better understand your golf-specific goals:

Do you play golf right-handed or left-handed? (circle answer)

- Right-Handed / Left-Handed

What is your Golf Index/Handicap? _____

Where do you primarily play golf? _____

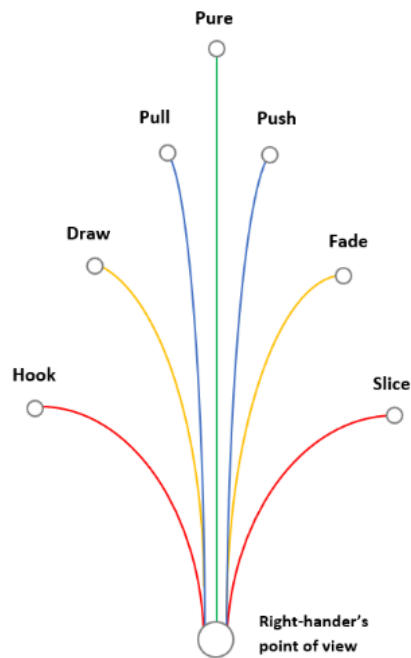
Do you take lessons from a golf teaching professional? _____ If so, name of golf pro: _____

What are you currently trying to improve or would like to improve in your golf game?

On average, how many days per month do you play golf? _____

Which of the flight paths tend to happen when your shot does not go as intended? (circle all that apply)

- Hook
- Draw
- Pull
- Pure
- Push
- Fade
- Slice
- Other (please explain):



Next, tell us about your current fitness routine:

What are your goals for improving your golf fitness this year? (circle all that apply)

- Reduce injury during the golf season
- Improve power/yardage
- Improve consistency on my golf shots
- Improve my overall fitness/nutrition
- Other (please explain): _____

Do you work out currently, besides playing golf? (circle response)

- Yes / No

How long have you been working out?

- N/A – I have not been working out
- Less than 6 months
- 6 months – 1 year
- More than 1 year

Describe your workout sessions (i.e., cardio, weight lifting, stretching)

How much time would you be willing to invest in improving your golf fitness performance?

- 30 minutes/week
- 30 minutes, 2-3x/week
- 30 minutes, 4-5x/week
- Other (please explain): _____

Please review and answer the below questions regarding your access to exercise equipment as this will help to develop your customized fitness program:

Which of the below equipment do you currently have access to? (circle all that apply)

Cardio

- Stationary bike
- Treadmill
- Recumbent bike
- Elliptical trainer
- Stairmaster
- N/A – I don't have access to this equipment

Strength

- Free weights
- Cable cross machine
- Circuit equipment
- Universal machine
- N/A – I don't have access to this equipment

Functional Training

- Medicine ball
- Total Gym
- Foam roller
- Bowflex
- Slideboard
- Weighted golf club
- N/A – I don't have access to this equipment

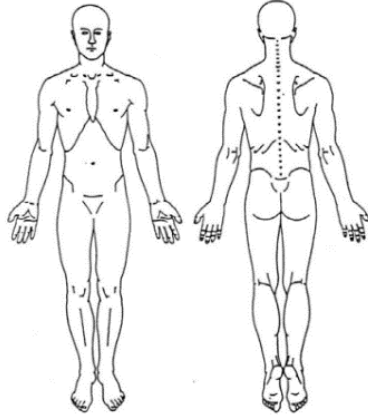
What day(s) of the week would you prefer to work out? (circle all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- Saturday
- Sunday

Next please tell us about any pertinent medical history:

Please circle any area(s) on the body below where you are experiencing pain or have had a surgery:



Source: www.nva.org

Please list any past surgeries or current injuries that you are experiencing.

How did you hear about this program?
