STRIDE PHYSIO

Name:_____

Run Well Intake Form

Thank you for choosing Stride Physio for your running analysis! We look forward to helping you understand a bit more about your mechanics to move you toward your goals. To best aid you in this journey, it's very helpful to know a bit about you as a runner:

Date:_____

1.	What prompted you to seek this running gait analysis?
2.	What outcome or goals do you hope to achieve with this analysis?
3.	Briefly describe your running history: when did you start, how long running, average miles per week, past races, team running, coaching, breaks from running, what motivates you to run, etc:
4.	Briefly describe any history of injury related to or affecting your running:
5.	Do any of these injuries still affect you?
6.	Have you been to PT in the past, and if so, what for?
7.	What shoes do you typically train in?
8.	What shoes do you typically race in?
9.	Do you wear orthotics or over the counter shoe inserts?

10. \	What is your current weekly mileage and number of day per week you run?
11. '	What is your current long run distance if any?
12.	Do you currently have a training program and if so, which one do you use?
13. \	What are your short term running goals or upcoming races?
14. \	What are your long term running goals?
15.	Do you have any other questions or things you want to make sure that we review today?
Client Ch	necklist:
- !	Running shoes – the ones you typically train in! A shirt that can be tucked in. Sports bras for women or shirtless for men are ideal, but we can absolutely complete the analysis with a shirt on if desired. Shorts or half tights that are a different color than your shirt Bring this form and the UWRI Survey
-	eve any additional questions prior to your appointment, please feel free to call or text us at (206) 5. We are looking forward to meeting you and helping you on your journey to efficient and injury es!
 Client Si	gnature Date