

Name: _____ Phone No. _____ Date: _____

HISTORY

Why do you want your running technique to be evaluated?

If you think you are having problems, how would you describe those problems?

How often do you run? _____

How far do you typically run at one time? _____

How far do you run over the course of a week? _____

Do you run: Alone With Someone Else With Group

What kind of terrain do you run on? Asphalt/Street Gravel/Trail Dirt Track Hills Flat Treadmill
 Other: _____

Do you run in any races? Yes No

If so, what type(s) do you participate in (check all that apply)?

<input type="checkbox"/> Walk Only	<input type="checkbox"/> Biathlon (Bike and Run)
<input type="checkbox"/> 5K	<input type="checkbox"/> Triathlon (Swim, Bike, and Run)
<input type="checkbox"/> 10K	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Half Marathon	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Marathon	<input type="checkbox"/> Other: _____

TYPES OF SHOES

List below the shoes you run in:	When do you use these shoes?
_____	<input type="checkbox"/> Short Distance <input type="checkbox"/> Long Distance <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Short Distance <input type="checkbox"/> Long Distance <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Short Distance <input type="checkbox"/> Long Distance <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Short Distance <input type="checkbox"/> Long Distance <input type="checkbox"/> Other: _____

What is your goal(s) of having your running evaluated?

<input type="checkbox"/> Reduced pain
<input type="checkbox"/> Faster times
<input type="checkbox"/> Ability to run for longer distances
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____

Anything else you want your physical therapist to know? _____

Instructions: Fill out and fax to **913-768-8118** if you're scheduled at The Rehab Place at Santa Fe Commons
fax to **913-768-1584** if you're scheduled at The Rehab Place in the Southpark Medical Plaza



Olathe Medical Center
20333 West 151st Street
Olathe, Kansas 66061

RUNNING SMART INTAKE QUESTIONNAIRE

Page 1 of 1

10.6.2014; Rehab