



**GURNEE  
PODIATRY &  
SPORTS MEDICINE  
ASSOC.**

**Treatment • Prevention • Rehabilitation**

**Lisa M. Schoene, DPM, ATC, FACFAS**  
Fellow, American College of Foot & Ankle Surgeons  
Fellow, American College of Foot & Ankle Orthopedics & Medicine  
Fellow, American Academy of Podiatry Sports Medicine  
Certified Athletic Trainer

**Bruce A. Bever, DPM**  
Physician, Surgeon & Specialist

**Runner/Athletic History Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height (inches): \_\_\_\_\_

Weight (pounds): \_\_\_\_\_

Gender:  Male  Female

Shoe Size: \_\_\_\_\_

Shoe Width: \_\_\_\_\_

Dominant Hand:  Right  Left

Dominant Foot:  Right  Left

Body Type:  Thin  Muscular  Overweight

Body Frame:  S  M  L

Sport(s): \_\_\_\_\_

Intensity: \_\_\_\_\_

Terrain:  Level  Hill  Track  Treadmill  Court

Surface:  Paved Road  Sidewalk  Dirt  Grass  Soft Sand  Packed Sand  Artificial Track  Gravel

Time of day that you run/walk:  Morning  Afternoon  Evening

Shoe Style:  Walking  Aerobic  Cleated  Distance Running  Sprinting  Court Shoes

Other (specify): \_\_\_\_\_

Shoe Brand:  Adidas  Altra  Asics  Brooks  Hoka  Mizuno  New Balance  Nike  Saucony

Other: \_\_\_\_\_

Socks:  Yes  No If yes, pairs:  1  2

Runners: Miles per week \_\_\_\_\_ How many days a week do you run? \_\_\_\_\_

How long have you been running (years)? \_\_\_\_\_

Do you race?  Yes  No Distance?: \_\_\_\_\_ Track workouts? \_\_\_\_\_

What is the most miles ever run at one time? \_\_\_\_\_

Have you ever run a marathon?  Yes  No If yes, how many? \_\_\_\_\_

Have you every participated in a Triathlon/Ironman competition  Yes  No If yes, how many? \_\_\_\_\_

What training program do you follow? \_\_\_\_\_

Do you use orthotics?  Yes  No If yes:  Plastic  Graphite  Cork/Leather  Over the Counter

How do you classify your foot structures?  Flatfoot  High Arch  Normal

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Lower Extremity **Current** Injury:

Forefoot     Midfoot     Rearfoot     Ankle     Fibula     Tibia     Femur     Knee     Hip     Back

**Severity:**  Pain Upon rising from bed/chair.  
 Pain only after running/working out.  
 Pain before, during and after, running but able to perform workout.  
 Workout compromised by pain.  
 Unable to work out – self-imposed rest.

Please write in your own words, the type of pain and where it hurts. \_\_\_\_\_

**Symptomatic Side:**     Right     Left     Both

Have you had this injury before?     Yes     No    When? \_\_\_\_\_

Do you strength train?     Yes     No     Free Weights     Machines

How often? \_\_\_\_\_     Upper Body     Lower Body     Both

Do you stretch?    **Before:**     Yes     No    **After:**     Yes     No

If yes, how long?     5 minutes     10 minutes     15 minutes     Upper/Lower Body?

If you follow different warm-up/cool-down routine for running explain: \_\_\_\_\_

Past treatment, for **current** Injury?     Yes     No

Describe: \_\_\_\_\_

Previous lower extremity/back injuries or surgeries:

Describe: \_\_\_\_\_

What type of clinician have/are you seeing? \_\_\_\_\_

Type of treatment:  Crosstrain     Rest     Pills     Injections     Tape     Foot Padding     Orthotics     Physical Therapy  
 Massage

Did treatment help?     Yes     No    How much? \_\_\_\_\_%

Additional comments: \_\_\_\_\_

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