

GURNEE PODIATRY & SPORTS MEDICINE ASSOC.

LISA M. SCHOENE, DPM, ATC, FACEAS

FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE SURGEONS
 FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE ORTHOPEDICS & MEDICINE
 FELLOW, AMERICAN ACADEMY OF PODIATRIC SPORTS MEDICINE
 CERTIFIED ATHELETIC TRAINER

ERIN M. SMIELEWSKI, DPM, FACFAOM

FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE ORTHOPEDICS & MEDICINE
 DIPLOMATE AMERICAN BOARD OF PODIATRIC MEDICINE
 PHYSICIAN, SURGEON & SPECIALIST

Runner/Athletic History Form

Name: _____ Age: _____ Height (inches): _____

Weight (pounds): _____ Gender: M F

Shoe Size: _____ Shoe Width: _____

Dominant Hand: R L Dominant Foot: R L

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 Brooks Reebok Nike New Balance Asics Mizuno 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? _____

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

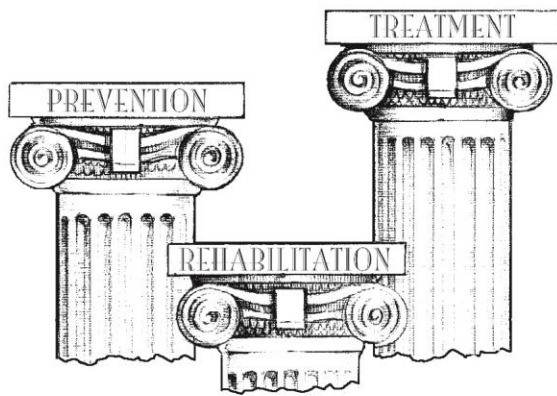
351 S. GREENLEAF ST. STE #C
 PARK CITY, IL 60085

(847) 263-6073 • FAX (847) 244-7323

401 W. ONTARIO ST. STE #240
 CHICAGO, IL 60654

(312) 642-6020 • FAX (312) 642-6080

WWW.DRSCHOENE.COM



GURNEE PODIATRY & SPORTS MEDICINE ASSOC.

LISA M. SCHOENE, DPM, ATC, FACEAS

FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE SURGEONS
 FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE ORTHOPEDICS & MEDICINE
 FELLOW, AMERICAN ACADEMY OF PODIATRIC SPORTS MEDICINE
 CERTIFIED ATHELETIC TRAINER

ERIN M. SMIELEWSKI, DPM, FACFAOM

FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE ORTHOPEDICS & MEDICINE
 DIPLOMATE AMERICAN BOARD OF PODIATRIC MEDICINE
 PHYSICIAN, SURGEON & SPECIALIST

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, **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: _____

351 S. GREENLEAF ST. STE #C
 PARK CITY, IL 60085

(847) 263-6073 • FAX (847) 244-7323

401 W. ONTARIO ST. STE #240
 CHICAGO, IL 60654

(312) 642-6020 • FAX (312) 642-6080

WWW.DRSCHOENE.COM