

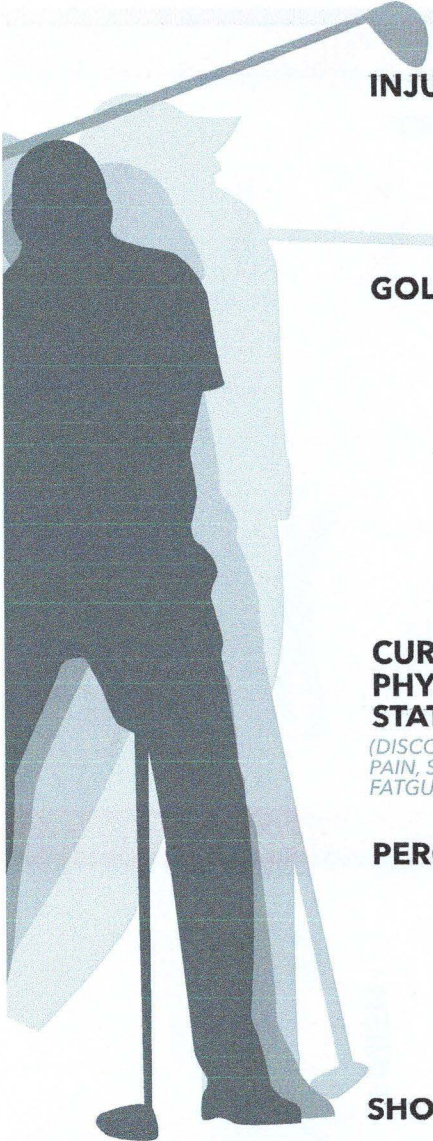
GOLFER INFORMATION

DATE: _____

NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____
MONTH DAY YEAR

E-MAIL: _____ CELL PHONE: _____



INJURY HX _____

GOLF HX _____ **YES NO :** _____
YEARS PLAYED SEASONAL

_____ **YES NO :** _____
ROUNDS / WEEK GOLF HANDICAP

_____ _____
CLUB FITTING PREVIOUS OR CURRENT INSTRUCTION OR TRAINING

CURRENT PHYSICAL STATUS
(DISCOMFORT, PAIN, STIFFNESS, FATIGUE & ETC.)

- PERCEIVED SWING CHALLENGES**
- TENSION, TIGHTNESS
 - BALANCE, STABILITY
 - STRENGTH, POWER
 - ACCURACEY, CONSISTENCY

SHORT TERM & LONG TERM GOALS

