



Specializing in Sports and Orthopedic Medicine

## Gait Analysis Client Intake Form

Welcome to Rebound PT! Please complete the following information. Your answers will help us to better analyze your needs and goals.

### **Personal Information**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you first find out about our gait analysis service? \_\_\_\_\_

Have you ever had a gait analysis test before? \_\_\_\_\_

Have you ever had physical therapy? \_\_\_\_\_

What do you hope to gain from this experience? (Goals?)

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### **Health Information**

1. Please describe any complaints that you have today. (Any injuries or pain currently?)

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2. Please describe any history of injuries both related to and non-related to running.

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3. If you have had an injury was it treated with therapy? If so, what kind? (ex. Physical therapy, chiropractic, sports medicine, surgeries etc.)

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**Activity Information**

1. What physical activities do you currently participate in?

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2. Please describe your typical weekly training/activity routine: (if you have been injured recently, you may describe your pre-injury routine).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

3. Estimated weekly running mileage: \_\_\_\_\_

4. Typical running terrain: (road, track, treadmill, trail, grass, turf) \_\_\_\_\_



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5. Your level of competition:    Beginner    Recreational    Intermediate    Experienced

6. Your preferred race/competition distance: \_\_\_\_\_

7. What type of running shoes do you wear: \_\_\_\_\_

Any additional pertinent info you would like to include:

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What to bring to your gait analysis appointment:

1. Running shoes
2. Orthotics if you wear them
3. Shorts or leggings and contrasting color top that is form fitting.