



CALIFORNIA FOOT & ANKLE ASSOCIATES, INC.
Excellence In Medicine And Surgery Of The Foot & Ankle

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Sports Medicine History

Patient Name _____ Date _____

Dominant Hand: right or left Dominant Foot: right or left Height _____ Weight _____

Primary Athletic Activity _____ If team sport what position _____

Highest Level of Participation (circle one) recreational/high school/college/amateur/semi pro/ pro

List Other Athletic Activities _____

Personal Fitness Goals: Weight Loss / Cardio Fitness / Recreational / Competitive / Other

Injury History

Chief Complaint: _____ right /left/both

When did you first notice the injury? Less than 2 weeks ago/ 2-5 weeks ago/ Over 6 weeks ago

Was the injury sudden or gradual?

How did the injury occur? _____

What treatment have you had for this injury? _____

Did the treatment help? Yes / No Who has treated you? _____

Is the pain worse in the: morning / afternoon / evening / during the night?

Severity of your pain: 10 being the most severe pain to 1 being the least pain.

10 9 8 7 6 5 4 3 2 1

Describe your pain: sharp / dull intermittent / continuous during activity / after activity / both

Previous lower extremity injuries? _____

Any other contributing factors to your injury? _____

Do you cross train or strength train? Yes / No How many hours of sleep do you get? _____

What type of diet are you on? _____

Athletic History

Number of years running; less than 6 mo. / less than 1 yr. / less than 5 yrs. / more than 5 yrs.

Personal Records: 1mile _____ 5K _____ 10K _____ Marathon _____ How many _____



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Training Pace (average minutes per mile) _____What is the farthest you have run at one time? _____

Shoe Gear:

Style: walking / running / sprinting / court / aerobic / cleated Any recent changes? _____

Brand: Adidas/ Asics/ Brooks/ Converse/ Nike/ New Balance/ Turntec/ Saucony/ Other Model _____

Number of miles on shoes: under 300 / 300-500 / over 500 / not sure

Shoe size and width: _____ Type of socks: _____

I rotate my shoes between runs: Yes / No Any abnormal wear pattern? _____

Orthotics/Insoles? Yes / No If yes are they: flexible / Rigid Any change with their use? Yes/ No

Training:

Running Surfaces: pool / beach / grass / cross country / treadmill / wood chips / composite / track /

Cinder / asphalt / concrete / other _____

Surface Characteristics: flat / hills / trails / crowned roads / circular / slanted

Any recent changes in: speed / mileage / training regimen / training surface / body weight

How long do you stretch before exercise: none / 5 min. / 10 min. / 15 min.

How long do you stretch after exercise: none / 5 min. / 10 min. / 15 min.

Average weekly mileage before injury: 0-15 miles / 30-60 miles / over 60 miles

Average weekly mileage after injury: 0-15 miles / 30-60 miles / over 60 miles

I would classify my foot type as: normal / flat foot / high arch

Additional Comments:

Thank You! We look forward to helping you recover from your injury and return to your sport.