



# The Rose Center

for  
Rehabilitation, Hope & Wellness

## **BACK IN SWING** *Golf Rehab, Fitness and Performance*

### **Personal Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ (H)  
 \_\_\_\_\_ (W)  
 Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Sport Information**

How long have you been playing? \_\_\_\_\_ mos./yrs.  
 About how many months do you play per year? \_\_\_\_\_  
 Have you or are you currently in any other sports programs? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, where and/or with whom? \_\_\_\_\_  
 Hobbies: \_\_\_\_\_

What do you hope to accomplish with the *Back in Swing* program?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **Medical History**

Any past or current injuries to:

|          |       |         |       |      |
|----------|-------|---------|-------|------|
| Neck     | _____ | Current | _____ | Past |
| Back     | _____ | Current | _____ | Past |
| Shoulder | _____ | Current | _____ | Past |
| Elbow    | _____ | Current | _____ | Past |
| Wrist    | _____ | Current | _____ | Past |
| Hip      | _____ | Current | _____ | Past |
| Knee     | _____ | Current | _____ | Past |
| Ankle    | _____ | Current | _____ | Past |

Any cardiac (heart) problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

Currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_