

# Golf Program Preparticipation Form



ALL INFORMATION IS CONFIDENTIAL FOR ACMC USE ONLY -- Please complete prior to initial evaluation

NAME (last, first) : \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Physical or Examination: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Gender: *Male Female* You play golf: *Left-handed Right-handed*

How long have you been consistently working out? *< 6 months 6 mos. – 1 year More than 1 year*

What types of equipment below do you have regular access to for use in your program:

Strength: *Free Weights Cable cross machine Circuit equipment Universal machine None*

Functional Training: *Medicine Ball Total Gym Foam roller Bowflex Slideboard Weighted club*

What days of the week do you prefer to workout? *Su M T W Th F Sa*

Have you experienced the following: explain "YES" answers on back

|   |   |   |
|---|---|---|
| Y | N | COUGHING, SHORTNESS OF BREATH OR CHEST PAIN?  |
| Y | N | NUMBNESS IN ANY PART OF THE BODY?   |
| Y | N | HEADACHES, DIZZINESS, WEAKNESS, FAINTING, OR PROBLEMS WITH COORDINATION OR BALANCE? |
| Y | N | DIFFICULTIES WITH BLURRY VISION?  |
| Y | N | PROBLEMS WITH SKIN SUCH AS SORES, RASHES, ITCHING OR BURNING SENSATION, ETC.?       |
| Y | N | STIFFNESS, SWELLING OR PAIN RELATED TO YOUR MUSCLES, BONES OR JOINTS?               |
| Y | N | DEHYDRATION (EXCESSIVE LOSS OF WATER)?  |
| Y | N | HEAT STROKE OR OTHER HEAT-RELATED DISORDERS?  |
| Y | N | HEAD INJURY CAUSING LOSS OF MEMORY, UNCONSCIOUSNESS OR VOMITTING?                   |
| Y | N | EPILEPSY (SIEZURES)?  |
| Y | N | TUBERCULOSIS, ASTHMA OR ANY LUNG DISEASE OR RESPIRATORY DISORDER?                   |
| Y | N | MONONUCLEOSIS, DIABETES, GOITER OR ANY OTHER DISEASE OF THE GLANDS?                 |
| Y | N | SIGNIFICANT WEIGHT CHANGE IN THE PAST YEAR?   |

PLEASE COMPLETE BACK SIDE

