



Georgia Sports Chiropractic

Specializing in Athletic Injuries

Dr. Josh H. Glass

Certified Chiropractic Sports Practitioner®

Athletic Injury Profile

What types of sports are you involved in?

1. Major Sports: _____
2. How Many Years? _____
3. Cross Training: _____
4. Average weekly distance or duration?
Running: _____ Cycling: _____ Swimming: _____
5. Current weekly distance or duration?
Running: _____ Cycling: _____ Swimming: _____
6. Shoes? Type: _____ Brand: _____ Style: _____

Do you wear orthotics? Yes _____ No _____

If so, who prescribed and made the orthotics? _____

7. Are you training for specific goals in mind? e.g., 10k, Marathon, Ironman, etc...

8. Do you stretch? Yes _____ No _____ If yes, how and when?

9. Do you ice or use any systems of home rehab/strengthening?

Chief Complaint:

1. Please describe onset.

2. Please describe current symptoms.

3. Any previous treatment by other physician for this problem?

4. Any previous accidents or other athletic injuries?

