VAUGHAN PHYSIOTHERAPY CLINIC

- **Web** vaughanphysiotherapy.com
- **Tel** (905) 669-1221
- **Fax** (905) 669-6995
- **Email** info@vaughanphysiotherapy.com
- **Address** 398 Steeles Ave W, Unit 201, Thornhill, ON L4J 6X3

Scan for your patient portal: book, forms and receipts

Running Assessment Intake

Get better today.

Please bring your running shoes (and older pairs), running clothes, and your watch or Strava data.

Patient name *		**Date of birth ***	Y Y Y Y - M M - D D

Your running

Goal * (event, date, target)			
Distance per week (km) *		**Runs per week ***	
Longest run last month (km)		**Strength training**	☐ 2+ a week ☐ Once a week ☐ No
Where you run	☐ Road ☐ Trail ☐ Track ☐ Treadmill		
Recent changes in training			

Your shoes

Model and size *		**Km on them**	
Type	☐ Neutral ☐ Stability ☐ Carbon / racing ☐ Minimal ☐ Trail ☐ Not sure		
Other pairs you rotate		**Orthotics**	◯ Yes ◯ No

Injuries

Any injury in the last 12 months?	◯ Yes ◯ No	**Still bothering you?**	◯ Yes ◯ No
What and when			

Signature *		**Date ***	Y Y Y Y - M M - D D