VAUGHAN PHYSIOTHERAPY CLINIC

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Scan for your patient portal: book, forms and receipts

Performance Testing Readiness

Get better today.

Please complete before force plate jump testing, strength (dynamometry) testing or other maximal-effort testing. If you answer Yes to any health question, your clinician will review it with you before testing.

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

Your sport and goals

Sport / position		**Level**	☐ Recreational ☐ Competitive ☐ Varsity / elite ☐ Professional
Reason for testing	☐ Baseline ☐ Return to sport ☐ Training plan ☐ Post-surgery ☐ Other		
Injury or surgery being tracked		**Date**	Y Y Y Y - M M - D D

Health check

Answer Yes or No.

Chest pain, fainting or a heart condition?	◯ Yes ◯ No	**Short of breath with light activity?**	◯ Yes ◯ No
High blood pressure not controlled?	◯ Yes ◯ No	**Dizziness or recent concussion?**	◯ Yes ◯ No
Current injury that hurts with jumping or lifting?	◯ Yes ◯ No	**Surgery in the last 6 months?**	◯ Yes ◯ No
Pregnant?	◯ Yes ◯ No	**Told by a doctor to avoid hard exercise?**	◯ Yes ◯ No
If Yes, please explain			

Last 24 hours

Hard training in the last 24 hours?	◯ Yes ◯ No	**Hours of sleep last night**	
Pain right now (0 to 10)		**Caffeine today?**	◯ Yes ◯ No

Consent

Testing asks for maximal effort (jumps, pushes and pulls against a force plate or dynamometer). Possible risks are muscle soreness, strain or, rarely, injury. You can stop at any time. Tell your clinician straight away about any pain, dizziness or chest discomfort.

I understand and agree to performance testing.	☐ I agree		
Signature *		**Date ***	Y Y Y Y - M M - D D