

***Hit Your Stride***  
**Runner's Assessment**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Currently under care of (please check all that apply):   Chiropractor    PT    MD   
Massage therapist    Acupuncturist    Other \_\_\_\_\_

Any history of:   Plantar fasciitis    Foot / ankle pain    Knee pain    Low back pain

If yes, please describe: \_\_\_\_\_

Orthotics?   If yes:   Rigid    Flexible    Prescribed by: \_\_\_\_\_

Sports history: \_\_\_\_\_

Physical concerns: \_\_\_\_\_

Training schedule: \_\_\_\_\_

Miles/ week:   Treadmill \_\_\_\_\_   Trails \_\_\_\_\_   Road \_\_\_\_\_   Other \_\_\_\_\_

Running goals: \_\_\_\_\_

Briefly describe what you eat on a typical day, with approximate times:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snack: \_\_\_\_\_

Snack: \_\_\_\_\_

How much water daily? \_\_\_\_\_ oz. If soda, how many & what type? \_\_\_\_\_

Are you:   Vegetarian    Vegan    Gluten-free    Other \_\_\_\_\_

Any allergies: \_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

\_\_\_\_\_