



TPI CERTIFIED

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TPI GOLF PERFORMANCE CLIENT HISTORY

Name: Last First MI DOB: Age:

Home #: Cell #: E-mail:

Address: City: Zip:

What is your current USGA golf handicap? I do not currently have a USGA handicap

Are you currently working with a PGA professional or swing coach? Yes No

If yes: who is your coach: Phone #:

When did you first begin playing golf?

On average, how many times per week are you playing golf or practicing (during golf season)?

Are you playing with custom fit clubs? Yes No

What is your biggest miss in your game?

Are you currently experiencing any pain? Yes No

If yes, please explain:

Do you have a history of any major injuries or surgeries?: Yes No

If yes, please explain:

How would you rate your current diet in relationship to athletic performance? Great Good Fair Poor Don't know

On average, how many hours of sleep do you get per night? 4-6 hours 6-8 hours 8-10 hours 10+ hours

What are your goals for participating in a golf fitness evaluation and training program?:

Please read and sign the declaration below:

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I affirm that I have stated all my known medical history and answered all questions honestly. In addition, by signing this form I am giving permission and consent for my participation in a golf fitness evaluation and program as recommended by Align Chiropractic Spine & Sports Rehab.

Client Signature: Date:

Parent/Guardian Signature (in case of minor): Date: