

RUNNING CLINIC PROFILE



Name: _____

How you heard about the clinic: _____

MEDICAL PROFILE:

Past running-related injuries:

Medical conditions that could be affected by running:

RUNNING EXPERIENCE

Current running volume (*miles or minutes per week*): _____

Highest volume in past 5 years: _____

PERSONAL GOALS:

GOALS FOR CLINIC:

*Thank you for taking the time to complete profile. Please bring this with you to the clinic
or email to brian@runflathead.com*

