

Biomechanical Evaluation Form

Name: _____ Date of Birth _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (Home) _____ (Cell) _____ (Work) _____

Sex: Male / Female Age _____ Height _____ Weight _____

Shoe Size: Sport _____ Casual _____ Dress _____

Please provide a complete *history of your health issues:

Date	Injuries / Conditions	Surgeries	Fractures	Medications

*If you need more room please add a page.

Current athletic footwear brand and model name or # you're wearing (select one): Adidas _____

Airwalk ____ Asics ____ Brooks ____ New Balance ____ Nike ____ Mizuno ____ Puma ____
 Reebok ____ Saucony ____ Other _____ Model Name/Number _____

How many years of running? _____ Weekly Mileage? _____

Do you have a leg length discrepancy? (circle one) Yes / No

Structural leg length discrepancy (mm or inches) if known: Short Right _____
 Short Left _____

Please indicate where your pain is with an X:

