PEAKS Return-to-Run Program — Runner Intake Form

Please complete this form before your Return-to-Run Evaluation. Your answers help us tailor your plan and make the visit more efficient.

1) Contact & Basic Information

- Full Name: _____
- Age/Date of Birth: _____
- Sex: _____
- Height: _____
- Weight: _____
- Phone number: _____
- Email Address: _____

2) Past Medical History:

- List of underlying health conditions:
  _____
  _____

_____
_____

- Prior Surgeries (with approximate date of occurrence):
  _____
  _____
  _____

- Prior Running-Related Injuries (be specific, with approximate date of occurrence):
  _____
  _____
  _____
  _____

- Current Injury(s)/Surgery(s) you are recovering from:
  _____
  _____
  _____
  _____

- Do you have a history of any bone stress injuries (stress reactions/fractures)? If yes, how many?
  _____

- Do you have a history of any eating disorders?
  _____

- If you are a *female* with a <u>history of bone stress injuries</u> or <u>any eating disorders</u>, please answer the following questions below if applicable:

  a. Age of first menstrual cycle: _____
  b. Do you have regular menstrual cycles? If not, how many approximately have you had in the last 12 months?
     _____
  c. Have you had a DEXA scan completed in the past? If so, what was your documented Z-score? _____

- How long has it been since you last ran?

  _____
  _____

3) Running History

- How long have you been running long-distances for (at least 2-3x per week for 2-3 miles at a minimum)?

  _____
  _____

- List of historical PRs:

a. 1600/Mile: _____
b. 3200/2 miles: _____
c. 5k: _____
d. 10k: _____
e. Half-marathon: _____
f. Marathon: _____
g. Ultras: _____
h. Other:

   _____
   _____

- How many miles per week have you historically run on average? What is the MOST number of miles you have run in a week in the past?

  _____
  _____

- What kind of running shoes have you historically or are currently running/training in? (list makes and models if able)

  _____
  _____
  _____

- What is your primary goal in your journey to returning to running?

  _____
  _____
  _____

IF YOU ARE INTERESTED IN A PERSONALIZED RETURN TO RUNNING TRAINING PLAN, PROCEED TO SECTION #4. If not, you may disregard.

4) **Return-to-Running**

- Are you still dealing with any lingering pain or have any issues impeding your function from your prior injury or surgery? If yes, what? Any aggravating factors you are aware of?

  _____
  _____
  _____
  _____

- Have you tried running since recovering from your surgery or injury? If yes, for how long and how often?

  _____
  _____

- What are you especially interested in receiving guidance on as part of a personalized return to running training plan?

  _____
  _____

- How extensive of a return-to-running training plan are you interested in? (ex: 6 weeks, 12 weeks, etc. Will discuss recommendations based on your individual circumstances)

  _____

_____
_____

- What strength training or cross-training modalities do you have access to?

  _____
  _____

- How many days have you run per week historically on average? What is the most number of days you have run per week in the past?

  _____
  _____

- Are there certain days of the week that you are unable to run due to scheduling conflicts?

  _____
  _____

- In theory, how much time per day could you set aside for training? Is there a maximum amount of time you would prefer to train each day?

  _____
  _____
  _____

- Is there anything else I should know about you or your goals that was not addressed above?

  _____
  _____
  _____
  _____