



### Golf Performance Program

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Handicap \_\_\_\_\_ Shoe Size \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

What previous injuries have affected your golf play?

Please check any of the below impairments that you are currently struggling with:

Pain \_\_\_\_\_ Weakness \_\_\_\_\_ Strength Imbalance \_\_\_\_\_

Mobility Deficit \_\_\_\_\_ Decreased Balance \_\_\_\_\_

Movement Pattern Limitation \_\_\_\_\_ Tingling, Numbness, Burning \_\_\_\_\_

What are your top 3 goals to achieve from this program?

- 1.
- 2.
- 3.

What are the greatest physical limitations in your golf game?

Are you currently working with a golf professional? If so, who?