



168 Industrial Drive 735 Attucks Lane 1284 Main Street
 Mashpee Hyannis Osterville
 508-477-6128 508-778-5000 508-420-3535

Golf Fitness Assessment

Name: _____ Age: _____

Current Address: _____ City/State/Zip: _____

Other Address: _____ City/State/Zip: _____

Phone Number: _____

Email: _____

(This is how we will send you your TPI summary & info on programs)

Emergency Contact: _____ Emergency Contact Phone: _____

Who referred you for your TPI Golf Fitness Assessment? _____

What is your hand dominance? _____

Do you play golf Lefty/Righty? _____

What is your current handicap? _____

How many times per week do you typically play? _____

Do you usually play 9 or 18 holes? _____

How many years have you been playing golf? _____

Height: _____ Weight: _____

Medical History (Please list all medical issues/surgeries/orthopedic issues): _____

Medications (Please list all prescriptions and supplements you take): _____

Do you currently participate in a fitness program of any kind? _____



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What would you like to improve about your golf game? _____

Do you take lessons from a Golf Professional? If yes, how often do you take lessons? _____

Have you ever had a video analysis of your golf swing done? If yes, with whom? _____

May we contact your Golf Professional to optimize your exercise program and outcome? _____

Consent,

I, undersigned, voluntarily authorize Cape Cod Rehab to administer a TPI Golf Fitness Assessment and/or physical therapy that is necessary as appropriate in the opinion of my referring physician, allied health professional and/or my golf professional. This will include, but not be limited to, evaluation, assessment, treatment, exercise prescription, and progression. Physical Therapy and exercise fitness is not an exact science and no guarantee has been made to the results of any treatment administered.

Client/Patient Name (printed) _____

Signature: _____ Date: _____

This section is to be completed by a CCR staff member Date: Time: Staff:

<u>Session Type</u>		<u>Payment Type</u>	
Assessment	Other:	Check	Total Due _____
Follow-Up	Personal Training:	Credit	Total Paid _____
TPI Package (Assessment + 2 Follow-Ups)		Cash	
			App. Intake Initials _____
Notes/message:			