

## TPI Screen Questionnaire

Name:

Date:

Medical History:

Present orthopedic conditions limited or of concern:

Neck [ ]

Back [ ]

Shoulder [ ]

Elbow [ ]

Wrist [ ]

Knee [ ]

Ankle [ ]

Other [ ]

Relevant Diagnostic tests:

Improvement areas of Interest

Rehabilitation

Fitness

Range of Motion [ ]

Strength [ ]

Off the tee [ ]

Short game [ ]

Golf handicap [ ]

Right handed golfer [ ]

Left handed golfer [ ]

Golf Pro Name:

Course:

Email or contact info:

Home Course:

