

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: