



New West Physical Therapy  
2810 W. 35<sup>th</sup> Street, Suite 2  
Kearney, NE 68845  
308-237-7388

## SHOULDERU QUESTIONNAIRE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: (     ) \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary Sport/Position: \_\_\_\_\_ Right/Left Handed: \_\_\_\_\_

### What are your primary goals for enrolling in ShoulderU?

- Improve Performance       Correct Mechanics       Prevent Injury       Other:

### Desired Degree:

- Bachelors Degree (Screening, 2 – 30 min sessions, Off-season program)  
 Masters Degree (Screening, 8-30 min sessions, off-season program)  
 Doctorate Degree (Screening, mechanical analysis w/ former UNK pitching coach/player, 8 – 30 min sessions, off-season program)

### List all sports/clubs/teams you play for?

- Baseball     Softball     Football     Volleyball     Tennis     Swimming     Soccer  
 Hockey     Basketball     Track/Field     Wt. Lifting     Wrestling     Lacrosse     Other

### How many months out of the year are you not participating in organized sports?

### Have you ever suffered an injury as a result of playing sports in the past 2 years?

- Yes       No

### If Yes: Did it require a doctor and/or physical therapy?

- Doctor     Physical Therapy     Surgery     Brace/Splint

### If Yes, briefly describe the experience (ex. Out 3 wks, repaired labrum, knee scope etc.)

### Have you been released by your doctor/physical therapist/athletic trainer to participate in sports?

- Yes       No       Not sure

### Any other pre-existing medical conditions? (i.e. athsma, allergies)

### How did you hear about ShoulderU?

- Brochure     Coach     Friend/Family     Media (TV,Newspaper)     Social Media