

CENTRAL PHYSICAL THERAPY

GOLF INFORMATION SHEET

Name: First _____ Last _____

Address: _____

City _____ State _____ Zip _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth(MM/DD/YY): _____ Social Security #: _____

How do you prefer to be addressed?

Name: _____ Occupation: _____

Height: _____ Weight: _____

Do you take golf lessons? _____ From Whom? _____

Are you a member of a private club? _____

If yes, which one(s)? _____

How did you hear about us? _____

Whom may we contact in case of emergency? Phone #: _____

Name: _____ Relationship: _____

Current Performance Information

1. Do you typically play one course most often? _____

2. How many rounds per week do you play? _____

3. How many times per week do you practice? _____

4. How long are your typical practice sessions? _____

5. What is your average full swing distance for the following clubs?

Driver _____ yds. Seven Iron _____ yds.

Three Wood _____ yds. Eight Iron _____ yds.

Three Iron _____ yds. Nine Iron _____ yds.

Four Iron _____ yds. Pitching Wedge _____ yds.

Five Iron _____ yds. Sand Wedge _____ yds.

Six Iron _____ yds. Other(_____) _____ yds.

Other(_____) _____ yds. Other(_____) _____ yds.

6. What percentage of fairways do you hit per round? _____ %

7. What percentage of greens do you hit in regulation? _____ %

8. How many putts do you average per round? _____ %

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9. How many penalty strokes do you average per round? _____

10. How many bunkers do you average per round? _____

11. What is your average score per round? _____

12. What is your current scoring range? From _____ strokes To _____ strokes per round.

13. What is your best lifetime score? _____

14. When and where do you shoot that score? _____

15. What is your official USGA handicap? _____

16. How long has this been your handicap? _____

17. Did your present handicap go up or down from its previous value? _____

18. What set of tees do you typically play from? _____

19. What do you feel are the strongest parts of your game and need the least improvement?

a. _____

b. _____

c. _____

20. What are the most significant factors that contribute to the strongest part of your game?

a. _____

b. _____

c. _____

21. In contrast what is the weakest part of your game that requires the greatest improvement?

a. _____

b. _____

c. _____

23. What are the factors that contribute to your game's weak points?

a. _____

b. _____

c. _____

24. What is/are the major reasons you play golf?

Competition _____ Exercise _____ Having Fun _____ Social Interaction _____ Relaxation _____

25. If you had the ability to change one thing about your performance what would it be?

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26. What would changing this one phase do for you? _____

27. What personal physical characteristics do you feel most contributes to the one thing about your game you would like to change?

Strength _____ Power _____ Coordination _____

Social Interaction _____ Relaxation _____ Conditioning _____

Other _____

28. Based on your answers to this overall golf performance survey, what would you say would be the one factor that would be most helpful? New Equipment _____ More golf lessons _____
More playing time _____ Golf-specific mental training _____

PERFORMANCE GOALS

Please answer the following questions with short-term performance goals in mind. The date by which I would like to achieve these goals is: (MM/DD/YYYY) _____

1. What are the average full swing distances you would like to have for the following clubs?

Driver _____ yds. Seven Iron _____ yds.

Three Wood _____ yds. Eight Iron _____ yds.

Three Iron _____ yds. Nine Iron _____ yds.

Four Iron _____ yds. Pitching Wedge _____ yds.

Five Iron _____ yds. Sand Wedge _____ yds.

Six Iron _____ yds. Other(_____) _____ yds.

Other(_____) _____ yds. Other(_____) _____ yds.

2. What percent of fairways would you like to hit per round? _____

3. What percent of greens in regulation would you like to average per round? _____

4. How many putts would you like to average per round? _____

5. How many average penalty strokes would you like to reduce to? _____

6. How many average bunkers per round do you want to reduce to? _____

7. What would you like your average score per round to be? _____

8. What would you like to drop your handicap to? _____

Signature: _____

Date: _____