



**Subjective Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

List other sports you play besides volleyball.

\_\_\_\_\_

What are your athletic goals? \_\_\_\_\_

\_\_\_\_\_

Do you train outside the school and/or Tejas performance program? If so, please describe. \_\_\_\_\_

If yes, please describe your current workout routine? \_\_\_\_\_

\_\_\_\_\_

**Medical:**

Have you ever had any pain or injuries (foot, ankle, knee, hip, back, shoulder, etc, including pulled muscles)? We need as much detail here as possible.

If so please list: \_\_\_\_\_

\_\_\_\_\_

Do you ever experience swollen, stiff or painful joints or muscles?

\_\_\_\_\_

\_\_\_\_\_

Please list any surgeries. \_\_\_\_\_

\_\_\_\_\_

Has a medical doctor ever diagnosed you with a Chronic Disease such as Coronary Heart Disease (CHD) or Coronary Artery Disease (CAD), Hypertension (high blood pressure), High Cholesterol, Diabetes, etc?

Are you currently taken any medication? \_\_\_\_\_