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Board Certified in Podiatric Sports Medicine, Orthopedics and Medicine
Computerized Gait Analysis

Name:

Please fill out this form and fax to office at 631.287.1838 prior to visit so doctor may review it.
Please also bring the original to your appointment.

1. Please describe your daily workout schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

2. On what surface do you train?

3. At what pace do you train?

4. Do you warm up?

Warm down?

Stretch?

5. What time of day do you train?

6. Do you compete athletically?

In what events?

What are your PR's?

7. When did you begin training/working out?

8. What brand and model of training shoe do you use?
How old are your shoes?

9. Are you on a special diet?

What type?

10. What injuries have you had in the past?

11. Did your training program change prior to your problem beginning? Please describe:

12. Please list any other painful joint/muscle areas:

13. Please describe the reason that brings you to the office. Include when the problem began, how it began, where it occurs, the type of soreness, what makes it worse, and what treatment you have tried.