



Dishon Healthcare Solutions, LLC

## Medical and Fitness Screener

*Please review, print and fill out this screener for your first training session. All information captured in this screener is confidential and is only used to help the trainer evaluate your physical health and customize a golf-training program for you.*

### Personal Information

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

Profession: \_\_\_\_\_

History of Orthopedic Conditions:

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Other Medical Concerns (Anything you take medication for):

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### Golf Information

Dominant Hand: \_\_\_\_\_

Handicap: \_\_\_\_\_

Rounds/week: \_\_\_\_\_

Ball flight: \_\_\_\_\_

### Fitness history

On average, how many hours/week do you work out? \_\_\_\_\_

How experienced are you in the gym? Very Somewhat I'm new to the gym

### Goals

What are your goals of this program?

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