

Swimmer's Pre Season Screening Questionnaire
Kinsmen Sports Centre Physical Therapy Clinic

Purpose: to look for key factors that may predispose the swimmer to injury

Name: _____ Date _____

Birthdate: _____

Height: _____ Weight: _____

Current injuries (if any) _____

Previous injuries/problems/recent growth spurts: _____

Previous Surgeries: _____

Current medications: _____

Sports/hobbies: _____

Employment: _____

Years of competitive swimming: _____

Swimming Event(s): _____

Breathing pattern (if applicable circle one): Always one side or alternate sides

Training(in water): How much? How often? Drills?

Training (dry land): How much? How often? What activities?

Swimming goals for this year:

Signature (parent or guardian)

I consent for my son or daughter to undergo a musculoskeletal screening evaluation by a Physical Therapist at the Kinsmen Sports Center Physical Therapy Clinic with the understanding that the results of the evaluations may be discussed with your son or daughter and the coaching/training staff. I also acknowledge there is a cost for this swim screen evaluation

Bring shorts, T-shirt or swim suit to wear for the evaluation