



# Lacrosse History Form

Date: \_\_\_\_\_ Patient #: \_\_\_\_\_

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

1. When did you first notice symptoms? \_\_\_\_\_  
Re-injury: \_\_\_Y / \_\_\_ N

2. Describe symptoms (area/right side/left side): \_\_\_\_\_  
\_\_\_\_\_

3. Type of pain: \_\_\_Dull \_\_\_Throbbing \_\_\_Intermittent \_\_\_Sore \_\_\_Sharp \_\_\_Constant \_\_\_Burning \_\_\_Bruised

4. Onset: \_\_\_ Gradual \_\_\_ Sudden

5. What was the onset of your symptoms related to:

\_\_\_ Don't know \_\_\_ Change in shoes: from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

6. When do your symptoms occur: \_\_\_\_\_

7. What helps relieve your symptoms: \_\_\_\_\_

8 What increases your symptoms: \_\_\_\_\_

9. Have you been treated for this condition previously: \_\_\_Y / \_\_\_ N When: \_\_\_\_\_

By whom: \_\_\_\_\_ What was the treatment: \_\_\_\_\_

10. Have you had any other Lacrosse related problems: \_\_\_Y / \_\_\_ N What: \_\_\_\_\_

When: \_\_\_\_\_ Treatment: \_\_\_\_\_

By whom: \_\_\_\_\_

11. What effects do your symptoms have on your training: \_\_\_\_\_

\_\_\_ Pain during workout but able to train \_\_\_ Unable to train \_\_\_ Training compromised by pain

\_\_\_ Other \_\_\_\_\_

12. Have you had any surgery within the last two years: \_\_\_Y / \_\_\_ N

If yes, what type of surgery and when: \_\_\_\_\_

13. Please check all that apply:

- Shoulder: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Elbow: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Hand: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Wrist: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Fingers: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Knee: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Ankle: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Separation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_
- Back: \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Fracture When and which side: \_\_\_\_\_

14. Type of athlete: \_\_\_\_\_ Fitness \_\_\_\_\_ High School \_\_\_\_\_ Recreation  
\_\_\_\_\_ Club \_\_\_\_\_ Professional \_\_\_\_\_ College

15. Frequency of training: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly

16. How long have you been participating in Lacrosse: \_\_\_\_\_

17. Do you wear orthotics or other corrective devices: \_\_\_\_\_  
How long have you worn them: \_\_\_\_\_ What effect do they have: \_\_\_\_\_  
Who prescribed them: \_\_\_\_\_

18. Have you required Athletic taping/wrapping: \_\_\_\_\_ Y / \_\_\_\_\_ N  
If so, where: \_\_\_\_\_

19. Do you stretch regularly: \_\_\_\_\_ Y / \_\_\_\_\_ N \_\_\_\_\_ Before playing \_\_\_\_\_ After playing \_\_\_\_\_ How long

20. Female athlete – Normal menstrual cycles: \_\_\_\_\_ Y / \_\_\_\_\_ N

21. Athletic affiliation/Club/School: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

22. What other sports or cross training do you participate in on a regular basis: \_\_\_\_\_
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