



Volleyball 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:

___ As soon as you start to play volleyball ___ While playing volleyball ___ Serving ___ Dig
___ During normal activity (such as walking) ___ Always ___ Set up ___ Spiking

7. How long do your symptoms last: _____

8. What helps relieve your symptoms: _____

9. What increases your symptoms: _____

10. Have you been treated for this condition previously: ___Y / ___ N When: _____

By whom: _____ What was the treatment: _____

11. Have you had any other volleyball related problems: ___Y / ___ N What: _____

When: _____ Treatment: _____

By whom: _____

12. What effects do your symptoms have on your volleyball workout: _____

___ Pain during workout but able to play ___ Unable to play ___ Workout compromised by pain

___ Other _____

Patient Name: _____ Patient #: _____

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. Have you had any surgery within the last two years: _____ Y / _____ N

If yes, what type of surgery and when: _____

15. Type of Volleyball player: _____ Fitness _____ High School _____ Recreation

_____ Club _____ Professional _____ College

16. Frequency of playing: _____ Daily _____ Weekly _____ Monthly

17. How long have you been playing: _____

18. Where do you play mostly: _____ Inside court _____ Sand court

19. Brand and model of shoes you wear when playing: _____

20. Do you wear orthotics or other corrective devices: _____

How long have you worn them: _____ What effect do they have: _____

Who prescribed them: _____

21. Have you required Athletic taping/wrapping: _____ Y / _____ N

If so, where: _____

22. Do you stretch regularly: _____ Y / _____ N _____ Before playing _____ After playing _____ How long

23. Female volleyball player – Normal menstrual cycles: _____ Y / _____ N

24. Affiliation Club/School: _____

Coach's Name: _____ Phone: _____ email: _____

25. What other sports or cross training do you participate in on a regular basis: _____