

WELLNESS CHART—SPORTS

Manual Therapist _____ Date _____

Event _____ Location _____

Ask each athlete the following: (Note individual responses below—concerns only.)

1. Are you currently experiencing any of the following?
 - pain, tenderness, stiffness
 - numbness, tingling
 - cold, clammy skin
 - swelling
 - dizziness
 - shaking
2. How soon do you compete? / When did you finish competing?
3. Have you warmed up? / Cooled down?
4. Have you consumed water since the event?

Athlete's Name _____ Athlete's initials: _____

Hx: (note concerns) _____

Tx: (check all that apply) _____ Pre-event _____ Post-event _____ Refer-first aid/med

C: _____ Initials: _____

Athlete's Name _____ Athlete's initials: _____

Hx: (note concerns) _____

Tx: (check all that apply) _____ Pre-event _____ Post-event _____ Refer-first aid/med

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C: _____ Initials: _____