

# ARM HISTORY

PLAYERS NAME \_\_\_\_\_ POSITION \_\_\_\_\_ Age \_\_\_\_\_  
Date \_\_\_\_\_ Grade or year in school \_\_\_\_\_ **Grade Avg.** \_\_\_\_\_

List the complete history of your baseball experience including all arm problems or surgeries. Include dates. Be specific. Use one or more pages to complete.

DO YOU HAVE PAIN WHEN THROWING? \_\_\_\_\_ WHERE? \_\_\_\_\_

DO YOU HAVE SORENESS AFTER THROWING? \_\_\_\_\_ WHERE? \_\_\_\_\_

HOW LONG HAVE YOU HAD PAIN AND LIST DATES OF EACH \_\_\_\_\_

ARE YOU UNDER A DOCTORS CARE \_\_\_\_\_ PROGNOSIS \_\_\_\_\_

X-ray \_\_\_\_\_ MRI \_\_\_\_\_

HAVE YOU HAD SURGERY OR PAIN ON THE FOLLOWING:

SHOULDER \_\_\_\_\_ DATE \_\_\_\_\_

ELBOW \_\_\_\_\_ DATE \_\_\_\_\_

ARM \_\_\_\_\_ DATE \_\_\_\_\_

OTHER \_\_\_\_\_ DATE \_\_\_\_\_

DOCTORS PROGNOSIS ON THE ABOVE: \_\_\_\_\_

What caused the injury? \_\_\_\_\_

Maximum velocity on your fastball \_\_\_\_\_ velocity now \_\_\_\_\_

Describe your control when throwing or pitching \_\_\_\_\_

Describe how many years you played and threw with no soreness or pain or injuries.  
List dates and your age at the time of first pain or injury. \_\_\_\_\_

Control  
Problems \_\_\_\_\_

