

# CLIENT INFORMATION

<b>First Name</b>		<b>Last Name</b>		<b>Date</b>	
<b>Address</b>		<b>City</b>		<b>County</b>	
<b>Province/State</b>	<b>Postal/Zip Code</b>	<b>Phone No.</b>		<b>Email</b>	

## Answer as best as you can

<b>Right Hand</b>	<b>Left Hand</b>	<b>Sports Played</b>	<b>Years Playing Golf</b>
<b>Weakest Part of Game</b>		<b>Have you Taken Lessons</b>	<b>Average Score</b>
<b>Average No. of Putts</b>		<b>Rounds Per Week</b>	<b>Handicap or Index</b>
<b>Longest Club Hit Well</b>		<b>Practice Per Week</b>	<b>Physical Discomfort</b>
<b>Favorite Club</b>		<b>Least Favorite Club</b>	<b>Club Hit From 150 Yds.</b>

## Current Club Set Make – Up

Circle or answer all that apply

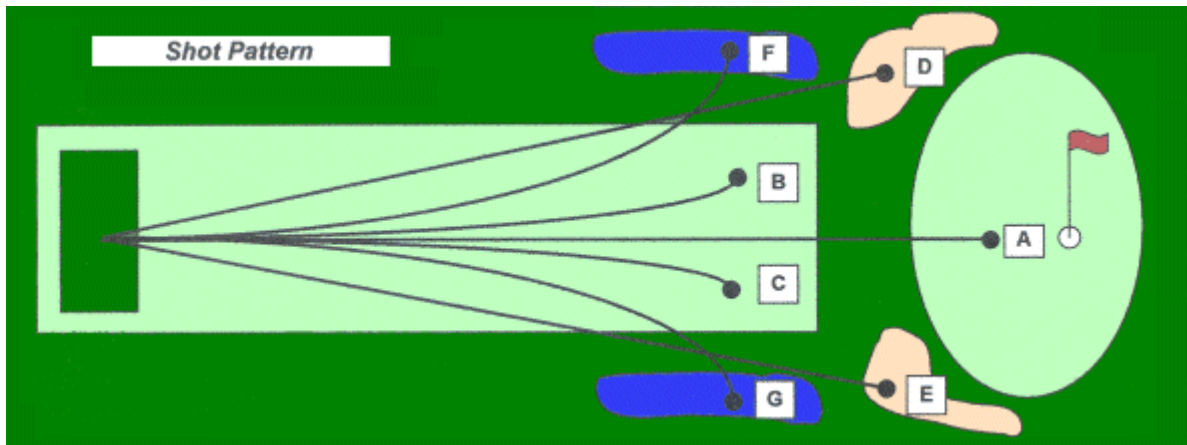
<b>Woods</b>	<b>Irons</b>	<b>Wedges</b>
<b>Style or Manufacturer</b>	<b>Style or Manufacturer</b>	<b>Style or Manufacturer</b>
<b>Shafts</b>	<b>Shafts</b>	<b>Shafts</b>
<b>Grip Type</b>	<b>Grip Type</b>	<b>Grip Type</b>
<b>PROTECTED WHEN COMPLETE</b>		

<p><b>Height:</b> _____ inches</p> <p><b>Wrist to Floor measurements</b> (standing upright) _____ in.</p> <p><b>Grip Cap to Floor</b> _____ in. (Taken at stance/setup position with 5 iron)</p>	<p><b>Swing Speed:</b> Driver: _____ MPH 5 Iron: _____ MPH</p> <p><b>Tempo:</b> Quick <input type="checkbox"/> Med <input type="checkbox"/> Slow <input type="checkbox"/></p> <p><b>Glove Size:</b> S <input type="checkbox"/> M <input type="checkbox"/> ML <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/></p>
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# BALL STRIKING TENDENCIES

Check all that apply & estimate Carry Distance

Club	Loft	Trajectory			Impact Points				Carry Distance	Shot Pattern Down Fairway
		High	Med	Low	Thin	Fat	Heel	Toe		
Driver										
Fairway Woods										
Long Irons (4)										
Mid Irons (6)										
Short Irons (8)										
Wedges (PW)										



## Check the box of each of your playing goals and objectives

- |                                                            |                                                                |
|------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> I want to hit the ball farther    | <input type="checkbox"/> I want a better hold of the golf club |
| <input type="checkbox"/> I want to hit the ball higher     | <input type="checkbox"/> I want improved putting               |
| <input type="checkbox"/> I want to hit the ball lower      | <input type="checkbox"/> I want less backspin                  |
| <input type="checkbox"/> I want to hit the ball straighter | <input type="checkbox"/> I want less club head feel            |
| <input type="checkbox"/> I want to stop hitting thin       | <input type="checkbox"/> I want more backspin                  |
| <input type="checkbox"/> I want to stop hooking            | <input type="checkbox"/> I want to feel more kick in the shaft |
| <input type="checkbox"/> I want to stop pulling            | <input type="checkbox"/> I want to feel the head more          |
| <input type="checkbox"/> I want to stop pushing            | <input type="checkbox"/> I want to hit sand shots less fat     |
| <input type="checkbox"/> I want to stop skying             | <input type="checkbox"/> I want to hit sand shots less thin    |
| <input type="checkbox"/> I want to stop slicing            | <input type="checkbox"/> I want to hit the ball more solidly   |
| <input type="checkbox"/> I want to stop topping            | <input type="checkbox"/> I want to stop hitting fat            |