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www.SafeThrow.com

Throwing History

Player Name: _____
 E-mail: _____

Date: _____

Player

Age _____ I am _____ years old
 Throwing Arm (circle) Right Left Both
 Positions played (circle all that apply) Pitcher Catcher Fielder

Pitching History **(SKIP** this section if you do not pitch)

Pitcher type start relief
 Pitches thrown (circle) fast change curve slider knuckle
 I was _____ years old when I started pitching
 How many teams do you pitch for each year? _____
 About how many pitches do you throw in a game? _____
 How many months per year do you play? _____

Other Sports (circle any you play)

Quarterback Swimming Tennis

Arm History

Have you ever had surgery on any part of your throwing arm? yes no

If so, what type of surgery? _____

Do you have any pain in your throwing arm? yes no

If so, please answer the following:

Which joint? (circle any that apply) shoulder elbow wrist fingers
 Pain level at rest (1 little pain, 10 worst imaginable pain) 1 2 3 4 5 6 7 8 9 10
 Pain level when throwing 1 2 3 4 5 6 7 8 9 10
 What part of throwing causes pain?
 windup cocking back starting forward release follow-through

Medical conditions, if any: _____

(players - please leave this table blank)

	T	NT
IR		
ER		

