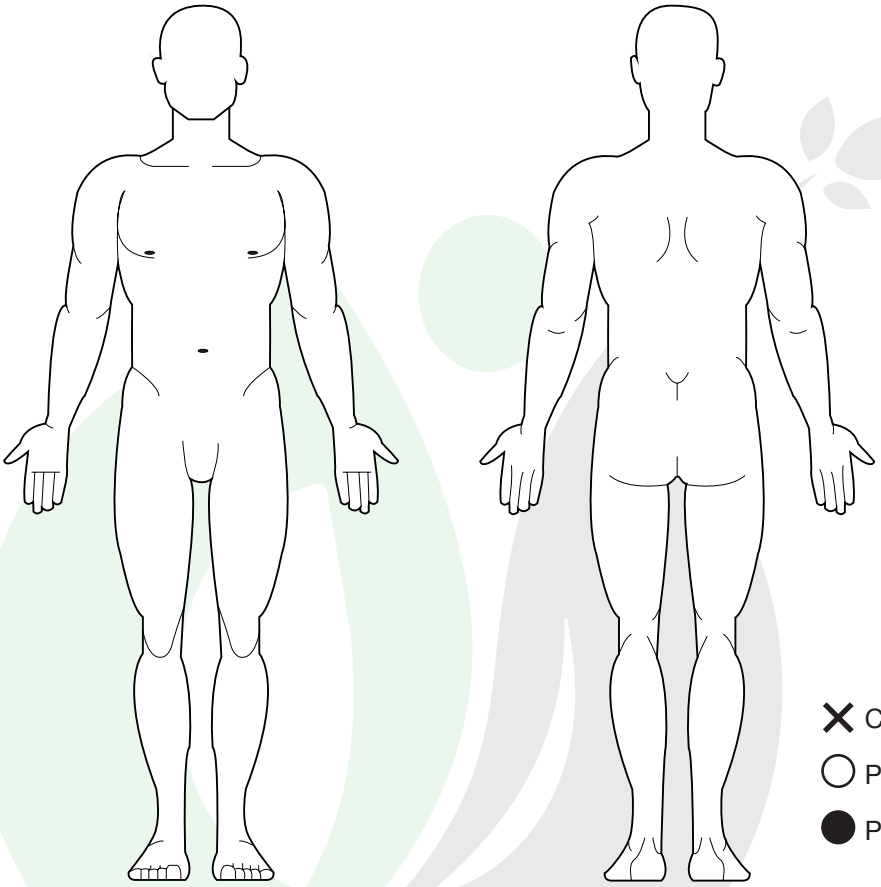
STRONGLIFE
HEALTH & PERFORMANCE

Name:_____
Age:_____
Date:_____/_____/_____

Clinical Appraisal Form



✕ Current Injury
○ Pain during/after activity
● Past injury/trauma

Notes: