



PALM SPRINGS GOLF ACADEMY
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 Akron, Ohio 44313
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Student Name: _____ Date: _____

Part A: Personal Data:

1. Male Female 2. Height _____' _____"
 3. Date of Birth ____/____/____

4. **Do you consider your general health and condition to be:**

Excellent Good Average
 Fair Poor

5. Have you had any recent surgeries or extended illnesses?

Yes No If yes, explain: _____

6. Have you had or do you have any of the following physical limitations or conditions?

Arthritis Lower back pain Neck Pain Headaches
 Diabetes Heart Condition Hearing loss Visual Loss

7. Do you experience any physical pain when you swing a golf club?

Yes No If yes, explain: _____

8. Do arthritic or other conditions affect the way you grip the golf club?

Yes No If yes, explain: _____

9. Do any physical conditions affect the way you address the ball?

Yes No If yes, explain: _____

10. Do any physical conditions affect your ability to transfer weight and follow through to a balanced finish?

Yes No If yes, explain: _____

PART B: Playing and Practice Statistics

11. How long have you played golf? _____yrs. _____mos.

12. Current index _____ No Index

13. Lowest Index _____

14. Estimate rounds played on an annual basis:

Less than 15 16-40 41-65 66-90 91+

15. Estimate the number of lessons taken on an annual basis:

None 1-3 4-6 7-9 10-12 13+

| Describe tendencies with: | <u>Driving Club</u> | <u>Fairway Woods</u> | <u>(1-4) Long Irons</u> | <u>(5-7) Mid-Irons</u> | <u>(8-PW) Short Irons</u> |
|------------------------------|--------------------------|--------------------------|-----------------------------|----------------------------|-------------------------------|
| Hit the ball too short | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hit the ball too long | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pull hook the ball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hook the ball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pull the ball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hit the ball straight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Slice the ball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Push the ball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Push slice the ball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hit the ball too low | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hit the ball too high | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Top the ball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sky the ball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hit the ball thin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hit the ball fat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inconsistent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No general tendencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't Know | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Assign a numerical value (1, 2, 3, 4, or 5) to only (5) of the following items that you would most like to improve upon: (1) is most important.

I need or would like to:

- | | |
|--|--|
| _____ Achieve higher trajectories | _____ Improve fairway bunker play |
| _____ Aim correctly and consistently | _____ Improve greenside bunker play |
| _____ Grip the club correctly and consistently | _____ Improve short game |
| _____ Have equipment that fits | _____ Improve swing balance |
| _____ Hit driver with consistency | _____ Improve touch around greens |
| _____ Hit consistent fairway woods | _____ Strike the ball more solidly |
| _____ Hit consistent long irons (1-4) | _____ Stop hitting the ball fat |
| _____ Hit consistent mid irons (5-7) | _____ Stop hitting the ball thin |
| _____ Hit consistent short irons (8-PW) | _____ Stop pull hooking the ball |
| _____ Hit the ball further (Distance) | _____ Stop pushing or slicing the ball |
| _____ Hit the ball lower | _____ Stop reverse pivoting |
| _____ Hit the ball straighter | _____ Stop skying the ball |
| _____ Improve course management | _____ Stop the ball on faster greens |
| _____ Other | _____ Stop topping the ball |