

BGA Client 2021-2022



Name	_____	Handicap/Scores	_____
Cell Phone	_____	Home Course	_____
Email	_____	Best Score	_____
Age	_____	Current Driver	_____
Referred By	_____	Current FW/Hybrid	_____
Golf Right / Left	_____	Irons/Wedges	_____
What is your Miss	_____		
What is Go To Shot	_____		

(Please Circle Service Requesting)

**Golf
Swing Coach**
Evaluation-Diagnosis

**Ball & Club
Data
Analysis**

**Swing Speed
Ground Force
Analysis**

**CLUB or BALL
FITTING**

NOTES

<i>GCQuad Iron Club & Ball Data</i>			<i>GCQuad Driver Club & Ball Data</i>		
Club Speed	_____	_____	Club Speed	_____	_____
Club Path	_____	_____	Club Path	_____	_____
Attack Angle	_____	_____	Attack Angle	_____	_____
Lie Angle	_____	_____	Lie Angle	_____	_____
Ball Speed	_____	_____	Ball Speed	_____	_____
Launch Angle	_____	_____	Launch Angle	_____	_____
Spin Rate	_____	_____	Spin Rate	_____	_____
Carry Distance	_____	_____	Carry Distance	_____	_____
Total Distance	_____	_____	Total Distance	_____	_____
	Avg	Best		Avg	Best

Set Up 7 Iron		
Set Up Driver		
Max 7 Iron		
Max Driver		
Top 7 Iron		
Top Driver		
P 5 7 Iron		
P 5 Driver		
Impact 7 Iron		
Impact Driver		

SMART To MOVE-Force Plates

	Center Of Pressure %		Center Of Pressure %		COPV
	Left	Right	Toe	Heel	
Set Up 7 Iron					
Set Up Driver					
Max 7 Iron					
Max Driver					
Top 7 Iron					
Top Driver					
P5 7 Iron					
P5 Driver					
Impact 7 Iron					
Impact Driver					

GC QUAD-Putting Metrics

5 Feet			10 Feet			20 Feet			
Back	Forward	Total	Back	Forward	Total	Back	Forward	Total	
									Average

GC QUAD-Putting Metrics

	1	2	3	4	5			
Face Angle								
Impact Point								
Path								
Speed								
Attack Angle								

Mental Assessment

FOCUS Band

Initial Timing _____

Ratio Percentage _____ / _____

Focus Band

Front L | Front R _____ / _____

Back L | Back R _____ / _____

Rest Ave. Activity _____

Front L | Front R _____ / _____

Back L | Back R _____ / _____

Putting Ave. Activity _____

Body Analysis

Body Part-Surgery or Injury

Range of Motion

1) _____

2) _____

3) _____

4) _____

Medications _____

Physical Screening

<u>Torso Rotation</u>		
Left	Without Holding Hips	Right
	Good	
	Limited	
	Rotation %	
Left	Holding Hips	Right
	Improves	
	Doesn't Improve	
	Rotation %	

<u>Overhead Deep Squat</u>		
Good	Standing Squat	Needs Improvement
	Bar Overhead Deep Squat	
	Distance Elbow to Floor	
	Arms Crossed Deep Squat	
	Distance Elbow to Floor	
	Arms Extended Deep Squat	
	Distance Elbow to Floor	

Yes	<u>Toe Touch</u>	No
	Touches Toes	
	Distance Finger Tip to Floor	

<u>Single Leg Balance</u>		
Left	Thigh Parallel	Right
	0-5 Seconds	
	6-10 Seconds	
	11-15 Seconds	
	16-20 Seconds	
	21 + Seconds	

<u>Cervical Rotation</u>		
Left	Mouth Closed	Right
	Touches Both Sides	
	Limited	

<u>Pelvic Rotation</u>		
Left	W/O Holding Shoulders	Right
	Good	
	Limited	
	Rotation %	
Left	With Holding Shoulders	Right
	Improves	
	Doesn't Improve	
	Rotation %	

<u>Pelvic Tilt</u>		
Good	Starting Pelvic Tilt	Needs Improvement
	Neutral Tilt	
	S-Posture	
	C-Posture	
<u>Amount of Motion</u>		
	Normal	
	Hard Time Arching Back	
	Hard Time Flattening	
	Both Limited	

<u>90/90 Test</u>		
Left	Standing	Right
	Greater than Spine Angle	
	Equal to Spine Angle	
	Less than Spine Angle	
Left	Golf Posture	Right
	Equal to Standing	
	Less than Standing	
	Greater than Standing	

<u>Bridge W/Leg Ext</u>		
Left	Lying Supine	Right
	Glute Normal	
	Glute Weak	
	Cramping	

Physical Assessment

Ball Chest Pass 4 or 8	_____
Ball Overhead Throw 4 or 8	_____
Broad Jump	_____
40 Meter Run	_____
20 Meter Run	_____
Vertical Jump 2 Feet	_____
Vertical Jump with Step	_____
Vertical Jump 2 Feet DVF	_____
Vertical Jump 1 Foot DVF L R	_____
Rotation	_____
Bench Press 50 75 100	_____
Single Leg Split Squat 50 75 100	_____
Romanian Deadlift 50 75 100	_____
Boxing MPH Right	_____
Boxing MPH Left	_____

Medical

Weight	_____
Height	_____
Wing Span	_____
Body Fat %	_____
Water %	_____
Body Mass Index	_____
Daily Calorie Intake	_____
Skeletal Muscle	_____

GOALS

***Short Term (3 months)
Physical / Body***

- 1) _____
- 2) _____
- 3) _____
- 4) _____

***Long Term (1-3 Years)
Physical / Body***

- 1) _____
- 2) _____
- 3) _____
- 4) _____

***Short Term (3 months)
Golf***

- 1) _____
- 2) _____
- 3) _____
- 4) _____

***Long Term (1-3 Years)
Golf***

- 1) _____
- 2) _____
- 3) _____
- 4) _____