

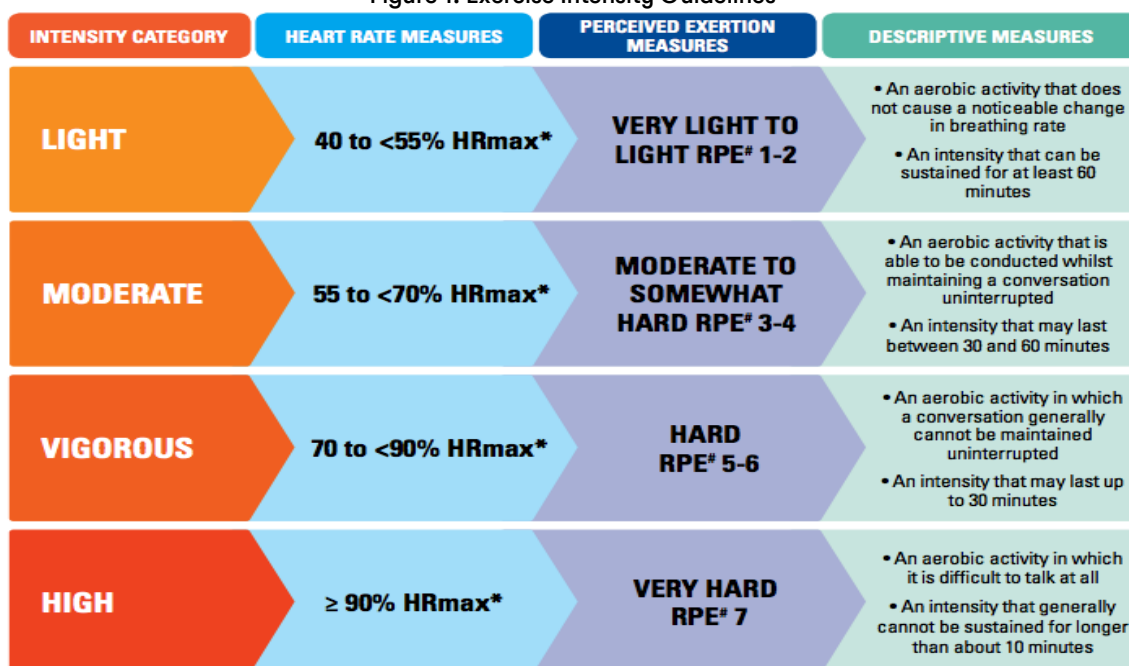
exercise physiology pre-consult form

Full Name: _____ Date of Birth: _____ / _____ / _____

pre-exercise screening

				YES	NO
1. Has your medical practitioner ever told you that you have a heart condition, or have you ever suffered a stroke?					
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?					
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?					
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?					
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?					
6. Do you have any other conditions that may require special consideration for you to exercise?					
<p>IF YOU ANSWERED 'YES' to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.</p>					
<p>IF YOU ANSWERED 'NO' to all of the 6 questions, please proceed to question 7 and calculate your typical weighted physical activity/exercise per week.</p>					
7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. For intensity guidelines please consult figure 1 .					
Intensity	Light	Moderate	Vigorous /High	Weighted physical activity/exercise per week Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high) TOTAL = _____ minutes per week	
Frequency (number of sessions per week)					
Duration (total minutes per week)					
<ul style="list-style-type: none"> If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly. If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels. It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results. 					

Figure 1: Exercise Intensity Guidelines



* HRmax = estimated heart rate maximum. Calculated by subtracting age in years from 220 (e.g. for a 50 year old person = 220 - 50 = 170 beats per minute).

= Borg's Rating of Perceived Exertion (RPE) scale, category scale 0-10.

Modified from Norton K, L. Norton & D. Sadgrove. (2010). Position statement on physical activity and exercise intensity terminology. J Sci Med Sport 13, 496-502.

8. Do you have family history of heart disease (eg. stroke or heart attack)? Yes / No
If yes, please provide detail including relationship (eg. father) and age at heart disease event: _____

9. Do you smoke on a daily or weekly basis, or have you quit in the last 6 months? Yes / No
If yes, amount per day or week: _____

10. Body composition:
Weight (kg): _____ Height (cm): _____ BMI (kg/m²): _____ Waist circumference (cm): _____

11. Have you been told that you have high blood pressure? Yes / No
If known, systolic/diastolic (mmHg): _____

12. Have you been told that you have high cholesterol / blood lipids? Yes / No
If known:
Total cholesterol (mmol/L): _____ HDL (mmol/L): _____ LDL (mmol/L): _____ Triglycerides (mmol/L): _____

13. Have you been told that you have high blood sugar? Yes / No
If known:
Fasting blood glucose (mmol/L): _____

14. Have you spent time in hospital (including day admission) for any condition / illness / injury during the last 12 months? Yes / No
If yes, provide details: _____

15. Are you pregnant or have you given birth within the last 12 months? Yes / No
If yes, provide details: _____

16. Do you have any diagnosed muscle, bone, tendon, ligament or joint problems that you have been told could be made worse by participating in exercise?
If yes, provide details: _____

patient information

Please read the following information carefully before signing.

Informed Consent

I hereby acknowledge that all information I have provided is accurate to the best of my knowledge. If unsure of any information I will inform my practitioner.

I understand that I may require medical clearance from my general practitioner to determine my suitability to commence a regular exercise program.

As a patient of Connect Healthcare Group it is my responsibility to notify my practitioner if there are any changes to my medical condition, including changes in medication.

I understand that engaging in regular physical activity can cause potential risk of injury or bodily harm and I will not hold the staff of Connect Healthcare Group liable if this occurs.

Patient Name: _____ Date: _____

Signed: _____