Pre-exercise Class Screening Questionnaire

HORDERHEALTHCARE

Name:			Date of birth:	
Phone	Home phone:		Mobile phone:	
Email:				
Emergency contact	Name:		Home phone:	
	Relationship:		Mobile phone:	
What are your primary exercise goals?				

Exercise is a great way to keep fit and healthy. However, it is advisable for some individuals to check with their doctor prior to partaking in physical exercise.

Please take a moment to answer the 7 questions listed below to assess if you should check with your doctor before significantly increasing your physical activity.

Section 1		
YES	NO	
☐	☐	1. Has your doctor ever said that you have a heart condition **and** that you should only do physical activity recommended by a doctor?
☐	☐	2. Do you ever feel pain in your chest when you do physical activity?
☐	☐	3. In the past month, have you had chest pain when you were not doing physical activity?
☐	☐	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
☐	☐	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
☐	☐	6. Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition?
☐	☐	7. Do you know of **any other reason** why you should not do physical activity?

YES to 1 or more questions...

If you have answered **YES** to any of the 7 questions listed above, you may wish to contact your Doctor to discuss your health before further increasing your physical activity. Talk with your Doctor about the questions you have answered **YES** to with regards to what kind of activities you wish to participate in and follow their advice.

In addition, if you have answered **YES** to any of the 7 questions listed above, you will need to provide further information relating to your health in Section 2 listed on the back of this sheet.

This needs to be completed before you are able to participate in any exercise class activities.

NO to all questions...

If have answered **NO** to all the 7 questions listed above, please skip Section 2 of the questionnaire and sign the declaration at the bottom of the page overleaf.

Section 2

1. Do you have, or have you had:

- ☐ Heart disease (please specify):
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes
- ☐ Lung disorder (e.g. asthma, emphysema):
- ☐ Other cardiac problem (incl. pacemaker):
- ☐ No / or none of the above

2. Please tick if you are known to be at risk of:

- ☐ Heart disease ☐ High blood pressure
- ☐ High cholesterol ☐ Diabetes
- ☐ Stroke
- ☐ No / or none of the above

3. Please tick if you have ever been told that you have any of the following:

- ☐ Heart murmur ☐ Valve defect
- ☐ Racing heart ☐ Irregular beats
- ☐ Angina
- ☐ Other (Please specify):
- ☐ No / or none of the above

4. Do you have, or have you experienced:

- ☐ Epilepsy ☐ Fainting
- ☐ Seizures ☐ Dizzy spells
- ☐ Convulsions
- ☐ No / or none of the above

5. Do you experience sudden shortness of breath?

- ☐ Yes ☐ No

6. Please tick if you have ever had pain or pressure, either at rest or during exercise:

- ☐ In the middle or on the left side of the chest
- ☐ In the neck region
- ☐ At the left shoulder or down the left arm
- ☐ No / or none of the above

7. Please detail any medication you are currently taken for:

- ☐ Heart disease:
- ☐ Diabetes:
- ☐ Cholesterol:
- ☐ Blood pressure:
- ☐ Asthma, breathing problems:
- ☐ Other (please specify):

8. Please list any exercise you are currently undertaking and provide an estimate of the duration: *e.g. hill walking, 2 hours per week*

9. Do you have any joint or muscular problems that may affect your ability to exercise?	
☐ Yes	☐ No
If yes, please explain:	

10. Do you have any other conditions or injuries that may affect your ability to exercise?	
☐ Yes	☐ No
If yes, please explain:	

1. Please note that you will be personally responsible for paying for all agreed activity engaged in whilst attending Horder Healthcare (HH) classes.
2. Horder Healthcare will not be responsible for any loss of or damage to personal or valuable items (including cash) brought into HH premises.
3. I confirm that I understand the above questionnaire and to my knowledge the information is correct. Whilst I understand that all care will be taken for my safety by the centre, I exercise at my own risk.

If your medical condition or history changes at all, after your induction, we must request that you complete a new Pre-Exercise class questionnaire in order to keep our records up to date.

Client Signature:		Date:	