Client Details and Pre-Exercise Screening

Client Details

First Name: Surname: Male □ / Female □

Date of Birth:

Street Address:

Contact phone numbers: (H) (W) (M)

E-mail address:

Emergency Contact:

Doctor Details

I give permission for Activempowerment to forward any information to my doctor with the understanding that I will be verbally notified prior to any information being sent.

Doctors Name:

Street Address:

Contact Phone:

Pre Exercise Screening

The information obtained on this form is required by Activempowerment to ensure your safety, as well as to provide information that is then used in the design of your individually tailored exercise and/or diet program. All information is confidential. Please *Tick* all correct statements.

If female: Are you pregnant or think you might be? Y □ N □ weeks?

Known Disease

Have you ever been diagnosed with one of the following:

- □ Any heart complaint including heart attack or conditions requiring heart surgery or a permanent pacemaker
- □ Hypertension
- □ Asthma or other lung disease
- □ Diabetes
- □ Oedema
- □ Anaemia
- □ Cancer
- □ Osteoporosis
- □ Stroke
- □ Eating disorder
- □ Deep Vein Thrombosis
- □ High cholesterol
- □ Arthritis
- □ Other _____

Signs and Symptoms

Do you ever experience any of the following:

- □ Dizziness, fainting, blackouts
- □ Discomfort in the chest, jaw
- □ Unexplained stiffness or sore joints
- □ Unexplained shortness of breath
- □ Unexplained fatigue
- □ Heart palpitations
- □ Joint swelling
- □ Back pain
- □ Pain in calf, not due to muscle strain

Pre-Screening continued: Cardiovascular Risk Factors

Mark all correct statements with a *tick*

- □ You are a Male > 45 years old
- □ You are a Female >55 years old, have had a hysterectomy, or are postmenopausal
- □ You smoke, or have you quit smoking within the previous 6 months
- □ You have a blood pressure > 140/90mmHg
- □ You do not know your blood pressure
- □ You take blood pressure medication
- □ Your cholesterol level is > 200mg/L (5.2mmol/L)
- □ You do not know your cholesterol level
- □ You have a close relative who had a heart attack or heart surgery prior to 55 years of age
- □ You are physically inactive (i.e. get <30mins of physical activity on a t least 3 days per week)
- □ You are > 10kg overweight

Medications

Please list all medications that you are currently using, as well as the reason for the medication (if known) and any side effects that you may experience or that may affect your exercise performance:

_____

Lifestyle

On average how much of the following would you consume daily: Caffeine_____ Alcohol _____ Cigarettes_____

Do you currently participate in any exercise? Y □ N □

If so, what sort of exercise do you do and how often? _____

Work History

What is your occupation? _____

How many hours per week do you work? _____

Casual □ Part Time □ Full time □ Shift work □

Family History

Has anyone in your family ever had: Stroke □ Heart complications □ Diabetes □

If yes please give details of the event:

Do you have any other limitations or contra-indications to exercise not mentioned above or is there anything else Activempowerment should know before you undertake an exercise and/or diet program? Y □ N □

Health and Exercise Goals

To help you reach your optimal level of health and fitness we need to identify areas you wish to improve:

- □ Amount of energy
- □ Levels of endurance
- □ Blood pressure
- □ Cholesterol levels
- □ Amount of body fat
- □ Ability to cope with stress/anxiety
- □ Amount of joint and or back pain
- □ Overall physical fitness
- □ Physical appearance
- □ Level of regular medication
- □ Other: _____

Informed Consent

I declare that all information on these forms is correct and that I have notified Activempowerment of any and all health conditions I may have which preclude me from exercise or dietary assessment and participation. I understand that there are some risks associated with exercise and I will notify Activempowerment personnel of any unusual symptoms I experience whilst completing their exercise and/or diet program. I have read and understood these forms.

Name: *Signed:* *Date:*

Witness: *Signed:* *Date:*