HEALTH REVIEW

EXERCISE READINESS QUESTIONNAIRE	YES	NO
Are you over age 65 and not accustomed to vigorous exercise?		
Do you have frequent pains in your heart and chest?		
Do you often feel faint or have spells of severe dizziness?		
Has your doctor ever told you your blood pressure was too high?		
Has your doctor ever told you have a bone or joint problem such as arthritis that has been aggravated by exercise?		
Has your doctor ever said you have heart trouble?		
Is there a good physical reason why you should not exercise even if you wanted to?		

Please list any medications and dietary supplements you are taking:

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

_____

Have you ever had, or do you now have any of the following conditions?

	Date:		***Date:***
• High Blood Pressure	_____	**• Osteoporosis**	_____
• Stroke	_____	**• Arthritis**	_____
• Congestive Heart Failure	_____	**• Diabetes**	_____
• Heart Attack	_____	**• Cancer**	_____
• High Cholesterol	_____	**• Positive TB Test?**	_____
• Aortic Stenosis	_____	**• Peripheral Vascular Disease**	_____
• Cardiovascular Surgery	_____	**• Recent (1 year) fracture**	_____
• Aneurysm	_____	**• Pulmonary Hypertension**	_____
• Cardiac Arrhythmia	_____	**• Emphysema**	_____
• Recent Surgery	_____	**• Oxygen therapy Liters/m**	_____
□ Parkinson's Disease	_____	**• Do you smoke?**	_____
• Autonomic Dysreflexia	_____	**• Other**	_____

Have there been any complications or limitations from any of the above conditions or events which may be aggravated by exercise? If yes, please explain briefly:

_____

Have you ever had a seizure? YES ☐ NO ☐ DATE: _____

Do you have any metal in your head such as shrapnel, surgical clips or fragments from welding? YES ☐ NO ☐

Do you have any implanted medical devices such as a pacemaker or medical pump? YES ☐ NO ☐

Please elaborate on any YES answers and indicate below if there are any other medical conditions not listed on this form

PLEASE SELECT ALL KNOWN HEALTH CONDITIONS THAT APPLY:

CARDIOVASCULAR

- ☐ CHEST DISCOMFORT
- ☐ CURRENT HEART MURMUR
- ☐ EXTRA, SKIPPED OR RAPID HEART BEAT
- ☐ HEART ATTACK
- ☐ HIGH BLOOD PRESSURE
- ☐ HIGH CHOLESTEROL
- ☐ LOW BLOOD PRESSURE
- ☐ PERIPHERAL VASCULAR DISEASE
- ☐ PHLEBITIS OR EMBOLI
- ☐ RHEUMATIC FEVER
- ☐ STROKE
- ☐ PACEMAKER OR DEFRIBILLATOR

PULMONARY

- ☐ ALLERGIES
- ☐ ASTHMA
- ☐ ASTHMA (EXERCISE INDUCED)
- ☐ BRONCHITIS
- ☐ CHRONIC RECURRING COUGH
- ☐ EMPHYSEMA
- ☐ PNEUMONIA
- ☐ PULMONARY EDEMA

MUSCULOSKELETAL

- ☐ ANKLE SWELLING
- ☐ BACK PROBLEMS
- ☐ BROKEN BONES (RECENT)
- ☐ FIBROMYALGIA
- ☐ FOOT PROBLEMS
- ☐ LIMITED MOTION IN JOINTS
- ☐ LUPUS
- ☐ NECK PROBLEMS
- ☐ OSTEOARTHRITIS
- ☐ OSTEOPOROSIS
- ☐ RHEUMATOID ARTHRITIS
- ☐ SHOULDER PROBLEMS
- ☐ SWOLLEN, SORE, PAINFUL JOINTS

OTHER

- ☐ ANEMIA
- ☐ DEPRESSION
- ☐ DIABETES
- ☐ EPILEPSY or SEIZURES
- ☐ HEARING IMPAIRMENT
- ☐ PARKINSON'S
- ☐ POST-NATAL
- ☐ PREGNANT