

Pre-Exercise Screening Form



APPROVED AND RECOMMENDED BY THE NZ REGISTER OF EXERCISE PROFESSIONALS (REPs). To be used in conjunction with the REPs New Zealand Pre-Screening Guide and associated risk stratification best practice. For use exclusively for REPs Registered Exercise Professionals only.

Name: Age

Medical Provider(s) Name and Contact: :

SECTION 1 : IMPORTANT MEDICAL INFORMATION

	YES	NO
CARDIOVASCULAR AND PULMONARY CONDITIONS*: Diagnosed heart condition or stroke, or unreasonable leg or chest pain during exercise? Blood pressure over 200/110 mm/Hg (measured at time of this pre-screen)? Diagnosed pulmonary disease? (Exercise Professional - see note 1 below) IF YOU TICK YES TO THIS QUESTION PROCEED ONLY UNDER MEDICAL GUIDANCE		

IF YOU TICK YES TO 2 OR MORE OF THE FOLLOWING QUESTIONS, THEN PROCEED WITH CAUTION UNDER GUIDANCE

	YES	NO
FAMILY HISTORY: Father or brother under 55 years with a history of heart disease or stroke? Mother or sister under 65 years with a history of heart disease or stroke?		
AGE: Male over 45 years? Female over 55 years?		
BLOOD PRESSURE: Over 140mm/Hg systolic or 90mm/Hg diastolic. Or, on blood pressure medication?		
ASTHMA: Attack that required medical attention last 12 months?		
SMOKING: Currently or quit within previous 6 months?		
GENERAL ACTIVITY LEVEL: Currently sedentary?		
BODY COMPOSITION (INDICATIVE): BMI \geq 30 kg/m ² or Waist (cm) + Height (cm) ratio above 0.6?		
BONE AND JOINT: Known bone or joint problem that could be aggravated by exercise?		
OTHER: Any other condition that may increase risk of adverse reaction to exercise?		
LIPIDS: Identified blood lipids outside recommended range (Exercise professional see note 2 below):		
GLYCEMIC CONTROL: Diagnosed Type 1 or 2 diabetes (Exercise Professional - see note 3 below)		

NOTES FOR EXERCISE PROFESSIONAL

1) Cardiovascular I pulmonary disorder
 Angina
 Shortness of breath with mild exertion or during sleep (Dyspnea) Dizziness during exercise (Syncope)
 Ankle swelling (Edema)

Heart murmur
 Unpleasant, rapid beating of heart (Palpitations I Tachycardia) Intermittent claudication (Cramping/pain in legs unexplained) Pulmonary disorder such as COPD, cystic fibrosis, emphysema, other
 2) Dyslipidemia. Known result or measured at time of pre-screen: LDL a: 3.37 mmol/L

Total a: 5.18 mmol/L
 HDL < 1.04 mmol/L
 Triglycerides (TG) \geq 1.7 mmol/L TG/HDL ratio a: 4.0
 3) Glycemic control. Known result or measured at time of pre-screen: Glucose: 5.5 mmol/L over several readings HbA1c \geq 40 mmol/mol

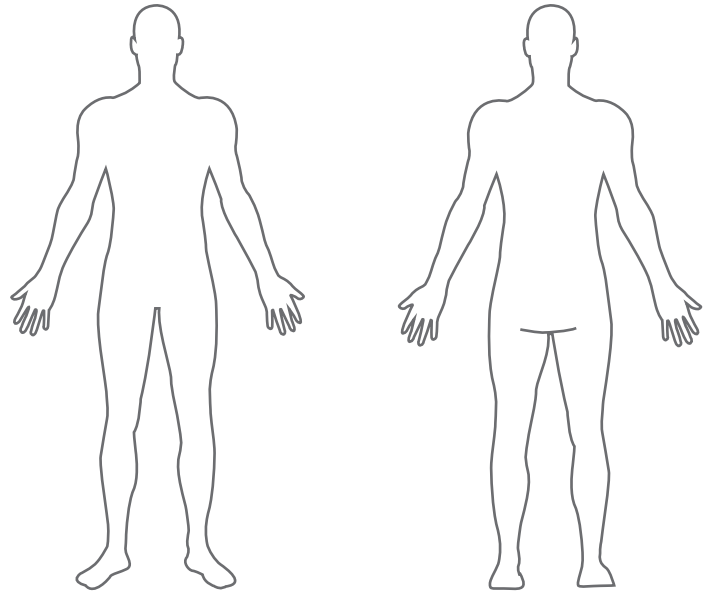
SECTION 2 : OTHER IMPORTANT CONDITIONS (Please tick any which apply)

MUSCULOSKELETAL

Any pain or major injury to:

- Feet I Ankles
- Calf I Shin
- Knees
- Hamstrings
- Hips I Groin
- Lower Back I Abs
- Upper back I Ribs
- Neck I Shoulders
- Arm/ Elbow
- Wrists I Hands

Please circle any area that may be adversely affected by exercise:



PREGNANT now or in last 12 months

EPILEPSY

ARTHRITIS

MEDICATIONS:

- Beta blockers
- ACE inhibitors
- Diuretic
- Statin
- Oral hypoglycemic Other

Notes:

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Thank you for taking the time to answer the questions above. Your answers will help your REPs Registered Exercise Professional determine the best approach to help you reach your exercise goals.

INFORMED CONSENT

I acknowledge that that information provided above regarding my health and personal information is, to the best of my knowledge, correct. I will inform my exercise professional immediately if there are any changes in my health status. I understand that participating in physical activity and exercise can carry a risk, and I accept all responsibility

Name:

Signed.....Date:

SECTION 3 : PROGRAMMING INFORMATION

EXERCISE GOALS

- Strength
- Muscle mass increase
- Lose bodyfat
- Gain aerobic fitness
- Flexibility
- General health
- General energy
- Sport specific (speed etc)

NOTES:

EXERCISE HISTORY Current Or Very Recent:

- Resistance/weight training
- Structured aerobic exercise
- Group exercise
- Regular sport or recreation
- General activity
- Other
- Prior exercise facility membership?
Reason for stopping?

NOTES:

AVAILABILITY List preferred timeslots (if any) and preferred maximum duration:

	MON	TUES	WED	THUR	FRI	SAT	SUN
MORNING							
LUNCH							
AFTERNOON							
EVENING							

EXERCISE PREFERENCES

What type of exercise(s) enjoyed previously?

What type of exercise(s) disliked previously?

SECTION 4 : MONITORING PROGRESSION

MOVEMENT COMPETENCY	RESULT			GOALS			
				BY	BY	BY	
Squat both legs							
Squat single leg							
Dead lift							
Lunge							
Press							
STRENGTH							
Exercise 1:							
Estimated 1 RM							
Reps completed							
Load used							
Exercise 2:							
Estimated 1 RM							
Reps completed							
Load used							
BODY COMPOSITION							
Weight							
Height							
Waist							
BMI							
Waist I Height Ratio							
Estimated % fat							
Estimated % LMM							
Sum skinfolds							
Girths:							
AEROBIC							
Blood pressure Systolic/Diastolic							
Estimated VO2 max							
HR steady state							
Workload							
Load used							
FLEXIBILITY							
Other							
PROPOSED SCHEDULE: Based on availability, assessment results and goals:							
	MON	TUES	WED	THUR	FRI	SAT	SUN
MORNING							
LUNCH							
AFTERNOON							
EVENING							