

EXERCISE PRE-SCREENING - STAGE 1 (COMPULSORY)

Name: Male Female

Date of birth:

Phone:

Email:

Address:

Suburb:

State:

Postcode:

Emergency contact name:

Phone:

Relationship to you:

How did you hear about us?

GP:

Specialist:

Family/Friend:

Allied Health professional:

Newspaper

Goggle search

Website

Community group/Charity:

Other:

Marketing: Sometimes we might want to send useful information to our patients via email or sms. Tick this box if you do not wish to receive any information.

Please tick response

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. If you have any diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EXERCISE PRE-SCREENING - STAGE 1 (COMPULSORY)

To help us get to know you before attending your first session we would like to know a bit more about your exercise habits and what you would like to achieve from seeing us. By doing this we will be better placed to help you.

1. I am currently exercising? (Not including house or work chores) Yes No
2. I intend to become more physically active over the next six months? Yes No

For activity to be regular, it must add up to a total of 30 minutes or more per day, and be done at least 5 days per week (not including house or work chores).

3. I currently engage in regular physical activity? Yes No
4. I have been regularly physically active for the past six months? Yes No

How would you describe your current condition?

What results do you want to achieve?

Stress Management	Improve Functionality	Weight Loss/Reduce Body Fat
Increase Strength	Improve Medical Condition	Increase Endurance/Stamina
Improve Confidence	Improve Self Esteem	Increase Energy Level
Reduce medications	Improve quality of life	Prevent chronic disease

If you are not currently exercising please fill out the bottom section:

How long have you been thinking about starting an exercise program?

What has kept you from starting sooner?

Work Family Commitments No Time Transport No Money
Procrastination Apathy Medical Condition Injury Laziness
Other:

Please print out this form and bring it with you to your first appointment. You may also save it and email it to info@newedgeperformance.com.au before your initial appointment.

Please also read and sign the third sheet and bring it with you to your initial appointment.

Informed consent for exercise testing and terms and conditions

Purpose and explanation of tests (please note not all Exercise Physiology sessions contain exercise testing):

You will perform a number of tests specific to your condition. This may include efforts such as bending forward, pulling, lifting, walking and stair climbing. The assessment will stop if you show signs of intolerance. You are free to terminate the assessment at any time. The information obtained from the test will help determine your suitability and management approach.

Freedom of consent:

Your permission to perform the assessment is voluntary. You are free to stop the tests at any point if you so desire.

Responsibilities of the participant:

It is important that you have answered the pre-screening to the best of your knowledge (you are responsible for fully disclosing the information). Your prompt reporting of feelings with effort during the assessment itself is also important. It is important for you to realise that you may stop when you wish due to fatigue or any other discomfort.

Enquiries:

Any questions about the procedures used in the assessment or the results of your test are encouraged. If you have any concerns or problems, please ask the Exercise Physiologist for further explanations.

Informed consent:

I have read this form and had the procedures explained to me. I have had the opportunity to ask questions and they have been answered to my satisfaction. I consent to participate in the assessment. I also give permission to the Exercise Physiologist to disclose details of my pre-assessment medical questionnaires and the results of the assessment and my treatment with the treating parties.

Cancellation policy:

Please note that there is a cancellation policy in place. Please find this located in your introduction package or from reception of your facility. If you would like a copy please email info@newedgeperformance.com.au.

Medicare and bulk billing policy:

Please note that bulk billed sessions that are rejected due to maximum number of sessions used will result in an invoice for the session being provided. More information can be found in the introduction package or by emailing info@newedgeperformance.com.au.

I agree that I have read and agree with the above.

Patient name

Signature (electronic below)

Date