

PRE - ACTIVITY QUESTIONNAIRE

Name: _____ DOB: _____

Address: _____

Telephone: _____ Mobile: _____

GP: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

**** It is recommended that all participants intending to participate in SFL sessions visit their Doctor beforehand, so that their ongoing health can be managed appropriately.****

Do you have a heart condition? e.g. Angina, cardiovascular disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have musculoskeletal issues? e.g. arthritis, joint or back problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a neurological condition? e.g. stroke, parkinsons, MS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have high or low blood pressure which is not managed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have diabetes which is unstable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a respiratory condition? e.g. asthma, emphysema, COPD	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any other physical problem that requires clarification from your Doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you over age 65 and not currently doing any exercise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been diagnosed with osteoporosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been diagnosed with dementia or similar disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered YES to one or more of the above questions you will need to consult your Doctor in person BEFORE commencing the Strength for life program. A Strength for life Referral Form will be supplied.

The Strength for life Instructor or exercise physiologist will complete an assessment for you.

If you answered No to all questions above, you may book in for an assessment with the Strength for life instructor

Please note that it is the client's responsibility to accurately answer the questions above. It is also the responsibility of the client to tell the Strength for life Instructor of any changes in health status that differs from those above.

If you believe you have fully understood the questions above and answered them to the best of your ability, and agree to notify an appropriate staff member should this information change, then please sign below.

Client Signature: _____

Date: _____