



BCH UR No: _____

Physical Activity Readiness Questionnaire

(To be completed by participants for all BCH exercise programs)

Section 1: Personal Details

Surname: _____ **Given Names:** _____

Address: _____

Postcode: _____

Date of Birth: _____ **Country of Birth:** _____

Home Phone: _____ **Mobile:** _____

What benefits are you looking to achieve from this program?

Section 2: Emergency Contact Details

Name of Contact: _____ **Ph:** _____

Doctors Name: _____ **Doctors Ph:** _____

General Health Information

1. Regular physical activity refers to being moderately active for at least 30 minutes on most, preferably all, days of the week. Moderate intensity activity increases your heart rate but does not necessarily make you puff, it includes activities such as walking, golf and gentle swimming. Please list how much physical activity you currently complete in a typical week:

2. Have you participated in regular physical activity in the past?

Yes No

3. Have you ever participated in strength straining?

Yes No

4. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes No

5. Do you feel pain in your chest when you do physical activity?

Yes No

6. In the past month, have you had chest pain when you were not doing physical activity?

Yes No

7. Do you have any problems with balance or dizziness?

Yes No

8. Have you had any recent problems with unconsciousness?

Yes No

9. Do you have a bone or joint problem that could be made worse by a change in physical activity?

Yes No

10. Is your doctor currently prescribing drugs for your blood pressure or heart condition?

Yes No

11. Do you smoke?

Yes Never Previously: If so how long since quitting? _____

12. Do you have, or have you had, any of the following?

a. Diabetes Yes No

g. Hip problems Yes No

b. Breathlessness Yes No

h. Knee problems Yes No

c. Asthma Yes No

i. Foot problems Yes No

d. Anaemia Yes No

j. Shoulder problems Yes No

e. Arthritis Yes No

k. Cancer Yes No

f. Back problems Yes No

l. Osteoporosis Yes No

13. Can you think of anything else health-related that your exercise professional should be aware of? _____

Please Note:

If you have answered yes to either question 4, 5, 6, 7, 8 or 9 or are going to participate in Living Longer Living Stronger, No Falls, Parkinson's Exercise or Smart Start please have your GP complete an Approval to Participate Form

I have given details to Ballarat Community Health of any medical conditions I have had and any recent medical treatment received by me. Any questions regarding this questionnaire have been answered to my satisfaction.

Name: _____ **Date:** _____

Signature: _____



Clients Surname: _____ Given Names: _____

Approval to Participate Form

Please ask your doctor to complete this form if you have answered yes to either question 4, 5, 6, 7, 8 or 9 or are going to participate in Living Longer Living Stronger, No Falls, Parkinson's Exercise or Smart Start

Section 1: Doctor's Details

Name: _____

Practice: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: () _____ Fax: () _____

Section 2: Please list any conditions that the Exercise Physiologist/Fitness Instructor needs to be aware of when prescribing or supervising an exercise program for this client.

Long history of sedentary behaviour: _____

Cardiovascular: _____

Metabolic: _____

Musculoskeletal: _____

Respiratory: _____

Neurological _____

Psychosocial: _____

Other: _____

Section 3: Please complete this section if the client has diabetes

Type: Type 1 Type 2 Pre diabetes Diagnosed on: ____/____/____

Most recent HbA1C result: _____ Date: ____/____/____

Most recent triglyceride result: _____ Date: ____/____/____

Blood Pressure result: _____ Date: ____/____/____

Current treatment: Lifestyle changes Oral hypoglycemic agent's Insulin

What exercise programs do Ballarat Community Health offer?
 Ballarat Community Health has a wide variety of exercise options for older adults or people with chronic or complex medical conditions. Before commencing most programs clients are assessed by an Exercise Physiologist or Physiotherapist for the most appropriate exercise prescription.



Contraindications to Exercise Participation

(Please ask your doctor to complete this form)

Please indicate any relevant contraindications

Relative Contraindications

In some instances, individuals with these conditions can participate in physical activity with caution and/or using low-level end points, especially if they are asymptomatic at rest and if the benefits of physical activity outweigh the risk of exercise.

- Fasting blood glucose >16.7 mmol/L or >13.9mmol/L with urinary ketone bodies
- Uncontrolled hypertension with resting systolic blood pressure >200 mmHg or diastolic blood pressure >110 mmHg
- Severe autonomic neuropathy with exertional hypotension
- Moderate stenotic valvular heart disease
- Hypertrophic cardiomyopathy and other forms of outflow tract obstruction
- Tachyarrhythmias or bradyarrhythmias
- High-degree atrioventricular block
- Ventricular aneurysm
- Electrolyte abnormalities (for example hypokalemia, hypomagnesemia)
- Uncontrolled metabolic disease (for example thyrotoxicosis, myxedema)
- Chronic infectious disease (for example mononucleosis, hepatitis, AIDS)
- Neuromuscular, musculoskeletal, or rheumatoid disorders that are exacerbated by exercise
- Microvascular complications (retinopathy, neuropathy, nephropathy)
- Macrovascular complications (cerebrovascular, CVD, PVD)
- Left main coronary stenosis
- Mental or physical impairment leading to inability to exercise adequately
- Complicated pregnancy

Absolute Contraindications

Exercise participation should not be granted to clients with absolute contraindications as listed below, until those conditions are stabilized or adequately treated.

- A recent significant change in resting ECG suggesting significant ischemia, recent myocardial infarction (within 2 days), or acute cardiac event
- Unstable angina
- Uncontrolled cardiac dysrhythmias causing symptoms or hemodynamic compromise
- Uncontrolled symptomatic heart failure
- Symptomatic severe aortic stenosis
- Suspected or known dissecting aneurysm
- Acute myocarditis or pericarditis
- Acute thrombophlebitis or intracardiac thrombi
- Acute pulmonary embolus or pulmonary infarction
- Untreated high risk proliferative retinopathy
- Recent significant retinal haemorrhage
- Acute or inadequately controlled renal failure
- Acute systematic infection, accompanied by fever, body aches, or swollen lymph glands

As the supervising doctor I found the client was medically stable at the time of this examination and therefore approve their participation in a suitable program. I have indicated relevant contraindications to my knowledge.

Signed: _____

Date: _____