THE REHAB GYM
bodies in motion · stay in motion

Name:______________________________
Date of Birth:_________________________
Today's Date:_________________________

Please complete the following questionnaire to assist your PT or ATC in developing the most appropriate program for you. ***Thank you!***

Medical / Surgical History

Please check all that apply:

❑Arthritis
❑Broken bones/fracture
❑Osteoporosis
❑Blood Disorders
❑Circulation/Vascular problems
❑Heart Problems
❑High Blood Pressure
❑Lung problems
❑Stroke
❑Diabetes
❑Tuberculosis (TB)
❑Hypoglycemia
❑Head Injury
❑Depression
❑High Cholesterol
❑Multiple Sclerosis
❑Muscular dystrophy
❑Parkinson Disease
❑Seizures/Epilepsy
❑Developmental or growth problems
❑Thyroid problems
❑Cancer
❑Infectious disease
❑Kidney problems
❑Repeated infection
❑Ulcers/Stomach problems
❑Skin diseases
❑Presently pregnant
❑Other:_____________________________

Within the past year, have you had any of the following symptoms?

❑Chest pain
❑Heart palpitations
❑Cough
❑Hoarseness
❑Shortness of breath
❑Dizziness or blackouts
❑Coordination problems
❑Weakness in arms or legs
❑Hearing Problems
❑Joint Swelling
❑Balance difficulties
❑Difficulty sleeping
❑Loss of appetite
❑Nausea/vomiting
❑Difficulty swallowing
❑Bowel problems
❑Weight loss/gain
❑Urinary problems
❑Fever/chills/sweats
❑Headaches
❑Difficulty walking
❑Uncorrected Vision problems

❑**Have you fallen within the past year? ❑Yes ❑No**
❑ other concern:______________________________________

Current Daily Activities (check & list all that apply)

❑Housework ❑Yard Work
❑**Hobbies**____
❑**Employment**______________________________________
❑**Sports**____
____
____

❑**Exercise** (describe frequency/duration/program/location)_____
____
____
____
____
____
____
____

Physical Activity Readiness Questionnaire PAR-Q

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the yes or no opposite the question if it applies to you.

YES NO
❑ ❑ 1. Has your doctor ever said you have heart trouble?

❑ ❑ 2. Do you frequently have pains in your heart and chest?

❑ ❑ 3. Do you often feel faint or have spells of severe dizziness?

❑ ❑ 4. Has a doctor ever said your blood pressure was too high?

❑ ❑ 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?

❑ ❑ 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?

❑ ❑ 7. Are you over age 65 and not accustomed to vigorous exercise?

If you answered YES to one or more questions...
if you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity and/or taking a fitness test.

If you answered NO to all questions...
If you answered PAR-Q accurately, you have reasonable assurance of becoming much more physically active, begin slowly and build up gradually. This is the safest and easiest way to go.

Are you on any Medications? ❑Yes ❑No
If yes, list medications:_________________________________
____
____

Pain:

Do you have pain? ❑Yes ❑No
Where____
____

PT/AT Initials ____________