



HEALTH SCREENING QUESTIONNAIRE

NAME: _____ SSN: _____
 ADDRESS: _____ DATE OF BIRTH: _____
 _____ TELEPHONE DAY: _____
 INSURANCE: _____ EVENING: _____
 EMPLOYER: _____ EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT HEART HEALTH INSTITUTE? PLEASE BE SPECIFIC

PHYSICIAN: _____ T.V./RADIO AD: _____ HHI MEMB: _____ NEWSPAPER: _____
 FAMILY: _____ EMPLOYER: _____ WHICH PAPER: _____
 HAVE YOU HAD A COMPLETE TOUR OF OUR FACILITY? YES NO

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN: _____ OFFICE: _____
 CARDIOLOGIST (IF ANY): _____ OFFICE: _____
 EMERGENCY CONTACT PERSON: _____ TELEPHONE: _____
 MEDICAL HISTORY: _____

PLEASE LIST ANY MEDICATIONS YOU ARE NOW TAKING:

ANY CONDITIONS/ILLNESS THAT COULD BE AFFECTED BY CERTAIN TYPES OF EXERCISE:

THE ABOVE INFORMATION WILL BE EVALUATED BY CLINICALSTAFF. PHYSICIAN CLEARANCE IS RECOMMENDED PRIOR TO STARTING THIS OR ANY EXERCISE PROGRAM. BY SIGNING BELOW, YOU ARE GRANTING THE HEART HEALTH INSTITUTE, A DIVISION OF YORK HOSPITAL, PERMISSION TO CONTACT YOUR PHYSICIAN REQUESTING MEDICAL CLEARANCE FOR EXERCISE, NECESSARY MEDICAL INFORMATION: TO INCLUDE MEDICATION, CARDIOVASCULAR TEST RESULTS OR INTERVENTION/HOSPITALIZATION REPORTS, AND ECGS. FURTHER TESTING MAY BE REQUIRED PRIOR TO STARTING AN EXERCISE PROGRAM BASED ON THE DISCRETION OF THE ABOVE LISTED PRIMARY CARE PHYSICIAN OR CARDIOLOGIST.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

DATE OF SERVICE: _____ AMT. DUE: _____ REVIEWED BY: _____
 BAR CODE NUMBER: _____ AMT. PAID: _____ RX REQUESTED: _____
 TM REQUESTED: _____

TYPE OF MEMBERSHIP INFORMATION:

GENERAL (LENGTH): _____ CORPORATE: _____ OTHER: _____
 HR MEMBERSHIP: _____ PHASE III: _____ PHASE IV: _____

RISK FACTOR ANALYSIS

Do any of the following pertain to you?

	YES	NO
Over the age of 45	<input type="checkbox"/>	<input type="checkbox"/>
Smoker	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure (HTN)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>
Severe obesity	<input type="checkbox"/>	<input type="checkbox"/>
Do you exercise regularly outside of your daily work routine	<input type="checkbox"/>	<input type="checkbox"/>
Family history of early heart disease	<input type="checkbox"/>	<input type="checkbox"/>

- Immediate family: (mother, father, sister, brother) diagnosed prior to age 60 with (angina, angioplasty, or by-pass surgery)

* Based on your risk analysis it may be necessary to obtain medical clearance in the form of an Exercise Tolerance Test (ETT) or Treadmill Test (TM) from your primary physician before starting your membership program. Testing is for diagnostic purposes and is not included in your membership fees, though some insurance will cover testing prescribed by your primary care provider.

Signature: _____

Date: _____

Name: _____ Date: _____

PAR-Q & YOU

Physical Activity Readiness

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

HHI clinical staff will review this information and a determination will be made as to whether you require medical clearance prior to beginning an exercise program.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- if you are or may be pregnant – talk to your doctor before you start becoming more activity.

IF YOU ANSWERED NO HONESTLY TO ALL PAR-Q QUESTIONS, YOU CAN BE REASONABLY SURE THAT YOU CAN:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over $144/94$, talk with your doctor before you start becoming much more physically active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.