



# Health Screening Survey for Older Adults Ages 70 and over

Carlsbad Physical Therapy

Name of participant \_\_\_\_\_ Date \_\_\_\_\_

*For most people physical activity should not pose any problems or hazard. This Health Screening Survey 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 correct answer opposite the question if it applies to you.*

YES	NO	
		1. Do you get chest pain while at rest and/or during exertion?
		2. If yes to #1 above, is it true that you have not had a physician diagnose those pains yet?
		3. Have you had a heart attack?
		4. If yes to #3 above, was your heart attack within the last year?
		5. Do you have high blood pressure?
		6. Do you know if you have diabetes?
		7. If the answer to #6 is yes, are you presently being treated for diabetes?
		8. Are you short of breath after extremely mild exertion, at rest, or at night in bed?
		9. Do you have ulcerated wounds or cuts on your feet that do not seem to heal?
		10. As an adult, have you ever had a fracture in the hip, spine, or wrist?
		11. Have you undergone joint replacement surgery? Joint: _____ Year: _____
		12. Do you get pain in your buttocks, thighs (front or back), or calves when you walk?
		13. While at rest, do you frequently experience fast, irregular heartbeats? Or, at the other extreme, very slow beats?
		14. Are you currently being treated for any heart or circulatory condition, such as vascular disease, stroke, angina, hypertension, congestive heart failure, poor circulation to the legs, valvular disease, blood clots or pulmonary disease?
		15. Have you previously undergone either coronary angioplasty or heart bypass surgery, or both?
		16. Have you fallen more than twice in the past year (no matter what the reason)?

*Adapted from Exercise for Older Adults: ACE's Guide for Fitness Professionals 2005*

**Based upon the above answers and your Medical History, you may be asked to have your physician complete the form below PRIOR to participating in Fitness Appointments.**

+++++

## Physician's Release Form

My patient, \_\_\_\_\_, is medically healthy to participate in a fitness assessment/exercise program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Physician's Name

\_\_\_\_\_  
Physician's Phone Number

Restrictions/Comments \_\_\_\_\_

**Please sign/fax back to: 575-628-3073**