

EXERCISE ASSESSMENT FORM

CLINIC _____ DOIT _____ DTU _____ F & H _____ EASY _____ JDC# _____

SUBJECTIVE

Current Exercise: _____
Mode _____ Duration _____
Intensity _____ Frequency _____

Past Participation: _____

Exercise Time: _____ Occupation: _____

Exercise Equipment Available: _____

Recreational Activity: _____

Hx of Hypoglycemia: Yes No Factors: _____

Adjustments for Exercise: _____

OBJECTIVE Age _____ RHR _____ RBP _____ Ht. _____ Wt. _____

DM x _____ yrs HgbA1c _____ % Urine protein _____ Smoking hx _____

DM Meds _____
B L S HS

Medical HX _____ Medication _____

PLAN

ADJUSTMENTS

EX RX

Session 1: Insulin _____ Intensity: _____ - _____ bpm
Snacks _____ (10 secs) _____ - _____
Session 2: Restrictions _____ Duration _____ - _____ min
3. _____ Frequency _____ x Week
4. _____ Home plan _____

Signature _____ Date _____

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PATIENT LABEL



MR.JDCEXERCISE