EAST BANK CLUB | ebc |

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

NAME _____

MEMBERSHIP NUMBER _____ PHONE _____

Has a doctor ever told you that you have a heart condition and that you should only perform physical activity recommended by a doctor? ..... ☐ YES ☐ NO

Do you feel pain in your chest when you perform physical activity? ..... ☐ YES ☐ NO

In the past month, have you had chest pain when you were not performing physical activity?..... ☐ YES ☐ NO

Do you lose your balance because of dizziness or do you ever lose consciousness? ..... ☐ YES ☐ NO

Do you have a bone or joint problem (i.e. shoulder, knee or back) that could be made worse by a change in physical activity? ..... ☐ YES ☐ NO

Is your doctor currently prescribing drugs for a blood pressure or heart condition? ..... ☐ YES ☐ NO

Do you know of any reason why you should not perform physical activity? ..... ☐ YES ☐ NO
If yes, please explain:

If you answered yes to any of the above questions, we require a physician's referral before beginning an exercise program.

MEDICAL HISTORY
Please indicate whether you have had any of the following medical problems:

☐ Asthma ☐ Seizures/Epilepsy ☐ Cancer ☐ Osteoporosis ☐ Stroke ☐ Heart Attack
☐ Arthritis ☐ Lung Disease ☐ Diabetes ☐ Heart Disease ☐ High Blood Pressure ☐ Other

LIFESTYLE QUESTIONS
Do you smoke cigarettes, tobacco or pipes?

Are you pregnant? If yes, how far along are you?

Daily Activity
Seated Seated at Times Standing

Exercise Frequency
0 - 1 times per week 2 - 3 times per week 4 - 7 times per week

INJURY HISTORY
Have you had an injury or condition in any of the following areas which may limit your physical activity?

☐ Head ☐ Neck ☐ Shoulder ☐ Clavicle ☐ Arm ☐ Elbow ☐ Wrist
☐ Hand ☐ Hip ☐ Pelvis ☐ Back ☐ Knee ☐ Thigh ☐ Ankle
☐ Foot ☐Hernia ☐ Nerve Damage

If you checked any of the items listed above, we recommend that you schedule a complimentary screening with AthletiCo Physical Therapy before your first scheduled appointment.

SIGNATURE _____ DATE _____