

Age:

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APPROVED AND RECOMMENDED BY THE NZ REGISTER OF EXERCISE PROFESSIONALS (REPs). To be used in conjunction with the REPs New Zealand Pre-Screening Guide and associated risk stratification best practice. For use exclusively for REPs Registered Exercise Professionals only.

Name:

Medical Provider(s) Name and Contact:

SECTION 1 : IMPORTANT MEDICAL INFORMATION

	YES	NO
CARDIOVASCULAR AND PULMONARY CONDITIONS*: Diagnosed heart condition or stroke, or unreasonable leg or chest pain during exercise? Blood pressure over 200/110mm/Hg (measured at time of this pre-screen)? Diagnosed pulmonary disease? (Exercise Professional - see note 1 below) IF YOU TICK YES TO THIS QUESTION PROCEED ONLY UNDER MEDICAL GUIDANCE		

	YES	NO
FAMILY HISTORY: Father or brother under 55 years with a history of heart disease or stroke? Mother or sister under 65 years with a history of heart disease or stroke?		
AGE: Male over 45 years? Female over 55 years?		
BLOOD PRESSURE: Over 140mm/Hg systolic or 90mm/Hg diastolic. Or, on blood pressure medication	۲?	
ASTHMA: Attack that required medical attention last 12 months?		
SMOKING: Currently or quit within previous 6 months?		
GENERAL ACTIVITY LEVEL: Currently sedentary?		
BODY COMPOSITION (INDICATIVE): BMI ≥ 30 kg/m2 or Waist (cm) ÷ Height (cm) ratio above 0.6?		
BONE AND JOINT: Known bone of joint problem that could be aggravated by exercise?		
OTHER: Any other condition that may increase risk of adverse reaction to exercise?		
LIPIDS: Identified blood lipids outside recommended range (Exercise professional see note 2 below):		
GLYCEMIC CONTROL: Diagnosed Type 1 or 2 diabetes (Exercise Professional - see note 3 below)		

NOTES FOR EXERCISE PROFESSIONAL

1) Cardiovascular / pulmonary disorder

Angina Shortness of breath with mild exertion or during sleep (Dyspnea) Dizziness during exercise (Syncope) Ankle swelling (Edema) Heart murmur

Unpleasant, rapid beating of heart (Palpitations / Tachycardia) Intermittent claudication (Cramping/pain in legs unexplained) Pulmonary disorder such as COPD, cystic fibrosis, emphysema, other

2)) Dyslipidemia. Known result or measured at time of pre-screen: LDL \ge 3.37 mmol/L Total ≥ 5.18 mmol/L HDL < 1.04 mmol/L Triglycerides (TG) ≥ 1.7 mmol/L TG/HDL ratio ≥ 4.0

3) Glycemic control. Known result or measured at time of pre-screen: Glucose ≥ 5.5 mmol/L over several readings HbA1c ≥ 40 mmol/mol

SECTION 2 : OTHER IMPORTANT CONDITIONS

MUSCULOSKELETAL Please circle any area that may be adversely affected by exercise: Any pain or major injury to: (Please tick any which apply) O Feet / Ankles O Calf / Shin O Knees O Hamstrings Tur O Hips / Groin O Lower Back / Abs O Upper back / Ribs O Neck / Shoulders O Arm / Elbow O Wrists / Hands **O PREGNANT** now or in last 12 months **O EPILEPSY O ARTHRITIS MEDICATIONS:** O Beta blockers O ACE inhibitors O Diuretic O Statin O Oral hypoglycemic O Other

NOTES: _

Thank you for taking the time to answer the questions above. Your answers will help your REPs Registered Exercise Professional determine the best approach to help you reach your exercise goals.

Informed Consent

I acknowledge that that information provided above regarding my health and personal information is, to the best of my knowledge, correct. I will inform my exercise professional immediately if there are any changes in my health status.

I understand that participating in physical activity and exercise can carry a risk, and I accept all responsibility for that risk.

I understand that due care will be undertaken by my REPs Registered Exercise Professional at all times.

NAME:			 	 	
SIGNATURE:			 	 	
DATE:	/	_/			

SECTION 3 : PROGRAMMING INFORMATION

EXERCISE GOALS	
⊖ Strength	NOTES
O Muscle mass increase	
○ Lose bodyfat	
O Gain aerobic fitness	
○ Flexibility	
○ General health	
O General energy	
O Sport specific (speed etc)	

EXERCISE HISTORY	
CURRENT OR VERY RECENT:	NOTES
O Resistance/weight training	
O Structured aerobic exercise	
O Group exercise	
O Regular sport or recreation	
O General activity	
○ Other	
 Prior exercise facility membership(s)? Reason for stopping? 	

AVAILABILITY	AVAILABILITY							
List preferred tin	List preferred timeslots (if any) and preferred maximum duration:							
	MON	TUE	WED	THU	FRI	SAT	SUN	
MORNING								
LUNCH								
AFTERNOON								
EVENING								

EXERCISE PREFERENCES							
What type of exercise(s) enjoyed previously?							
What type of exercise(s) disliked previously?							

SECTION 4 : MONITORING PROGRESSION

	RESULT	GOALS			
		By:	By:	By:	
MOVEMENT COMPETENCY					
Squat both legs					
Squat single leg					
Deadlift					
Lunge					
Row					
Press					
STRENGTH					
Exercise 1:					
Estimated 1 RM					
Reps completed					
Load used					
Exercise 2:					
Estimated 1 RM					
Reps completed					
Load used					
BODY COMPOSITION					
Weight					
Height					
Waist					
BMI					
Waist / Height Ratio					
Estimated % fat					
Estimated % LMM					
Sum skinfolds					
Girths:					
AEROBIC					
Blood pressure Systolic/Diastolic					
Estimated VO2 max					
HR steady state					
Workload					
FLEXIBILITY					
Other					

PROPOSED SCHEDULE: Based on availability, assessment results and goals:						Its and goals:	
	MON	TUE	WED	THU	FRI	SAT	SUN
MORNING							
LUNCH							
AFTERNOON							
EVENING							

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