

STRENGTH

for life 50+



Strength for life Pre-Activity Questionnaire

Name: _____ DOB: _____

Address: _____

Telephone: _____ Mobile: _____

GP: _____ Telephone: _____

Do you have a heart condition? Eg Angina, cardiovascular disease Yes No

Do you have musculoskeletal issues? Eg arthritis, joint problems Yes No

Do you have a neurological condition? Eg stroke, parkinsons, MS Yes No

Is your blood pressure high and not controlled by medication? Yes No

Do you have diabetes which is uncontrolled? Yes No

Do you have a respiratory condition? Eg asthma, emphysema, COPD Yes No

Do you have any other physical problem that would prevent you from participating in a progressive strength training program? Yes No

Are you over age 65 and not accustomed to moderate intensity exercise ? Yes No

Have you been diagnosed with osteoporosis? Yes No

If you answered YES to one or more of the above questions you will need to consult your Doctor in person BEFORE commencing the Strength for life program. A Strength for life Referral Form will be supplied.

The Strength for life Instructor will complete an assessment for you, with guidance from an allied health professional.

If you answered No to all questions above, you may book in for an assessment with an Strength for life instructor

Please note that it is the client's responsibility to accurately answer the questions above. It is also the responsibility of the client to tell the Strength for life Instructor of any changes in health status that differs from those above.

If you believe you have fully understood the questions above and answered them to the best of your ability, and agree to notify an appropriate staff member should this information change, then please sign below.

Client Signature Date.....