SPINE & SPORTS physiotherapy

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PRE-EXERCISE QUESTIONNAIRE

PATIENT INFORMATION

Surname:				**First:**		**Middle:**	
Mr ☐	**Miss ☐**	**Mrs ☐**	**Ms ☐**	**Date of Birth:**		**Age:**	**Sex: M ☐ F ☐**
Street address:				**Suburb**:		**Postcode**:	
Email:				**Mobile:**			

How did you find out about our Exercise Physiology services?

☐ Google ☐ Facebook ☐ From My Doctor ☐ From My Physio ☐ Other: _____

What do you want to achieve in the program?

1. _____

2. _____

PAST MEDICAL HISTORY

Do you have (or previously had) any medical conditions the therapist is required to know about? *(please tick)*

☐ Heart Problems ☐ Strokes ☐ Blood Clots ☐ Arthritis ☐ Cancer ☐ Diabetes ☐ Osteoporosis

☐ High Blood Pressure ☐ High Cholesterol ☐ High Blood Sugar ☐ Asthma ☐ High Blood Sugar

☐ Surgeries: _____

☐ Any Current Muscle/Joint Pain: _____

_____

☐ Other: _____

_____

Are you taking any Medications? Yes ☐ No ☐ If yes, which one(s)? _____

_____

_____

Are you currently pregnant? Yes ☐ No ☐ Congratulations! How many weeks? _____

LIFESTYLE

How many days <u>in the past week</u>, have you been physically active where your heat beats faster and your breathing is harder than normal for 30-minutes or more? (ie this can be in x3, 10-min bouts or in x1, 30-min bout of physical activity)

☐ 1-2 days ☐ 2-3 days ☐ 3-4 days ☐ 4-5 days ☐ 5-6 days ☐ 6-7 days

Do you smoke cigarettes on a daily basis, or have you quit smoking in the last 6 months? Yes ☐ No ☐

If Yes, how many cigarettes do you smoke on a typical day? _____

INFORMED CONSENT

I consent to the assessment and treatment recommended and performed by the Exercise Physiologists at *Spine & Sports Physiotherapy* in accordance with the governing body's professional guidelines. I understand that before treatment is carried out, a full explanation of the purpose and any risks of that treatment will be provided. I understand that should I wish to decline any form of assessment and treatment, then I am entirely within my right to do so and that I should inform the clinician of my wishes at the time. *Spine & Sports Physiotherapy* accept no responsibility for treatment received – any professional liability is between the patient and the individual treatment therapist – all therapists are insured via their own personal policies. By signing this form I am in agreement with these terms and conditions.

_____ _____

Patient Signature ***Date***