

Health Screening Survey for Older Adults Ages 70 and over

Name of participant Date of Birth	Date
For most people physic designed to identify the have medical advice co answering these few qu	al activity should not pose any problems or hazard. This Health Screening Survey has been small number of adults for whom physical activity might be inappropriate or those who should ncerning the type of activity most suitable for them. Common sense is your best guide in restions. Please read them carefully and check the correct answer opposite the question if it
applies to you. YES NO	
120 110	Do you get chest pain while at rest and/or during exertion?
	If yes to #1 above, is it true that you have not had a physician diagnose those pains yet?
	3. Have you had a heart attack?
	4. If yes to #3 above, was your heart attack within the last year?
	5. Do you have high blood pressure?
	6. Do you know if you have diabetes?
	7. If the answer to #6 is yes, are you presently being treated for diabetes?
	8. Are you short of breath after extremely mild exertion, at rest, or at night in bed?
	9. Do you have ulcerated wounds or cuts on your feet that do not seem to heal?
	10. As an adult, have you ever had a fracture in the hip, spine, or wrist?
	11. Have you undergone joint replacement surgery? Joint:Year:
	12. Do you get pain in your buttocks, thighs (front or back), or calves when you walk?
	13. While at rest, do you frequently experience fast, irregular heartbeats? Or, at the other extreme, very slow beats?
	14. Are you currently being treated for any heart or circulatory condition, such as
	vascular disease, stroke, angina, hypertension, congestive heart failure, poor circulation to the legs, valvular disease, blood clots or pulmonary disease?
	15. Have you previously undergone either coronary angioplasty or heart bypass surgery, or both?
	16. Have you fallen more than twice in the past year (no matter what the reason)? Adapted from Exercise for Older Adults; ACE's Guide for Fitness Professionals 2005
-	answers and your Medical History, you may be asked to have your physician complete the form below PRIOR to participating in Fitness Appointments.
+++++++++++++++++	Physician's Release Form
My patient,assessment/exercise pr	, is medically healthy to participate in a fitness ogram.
Physician's Signature	Date
Type or Print Physician	s Name Physician's Phone Number
Restrictions/Comments	
	Please sign/fax back to: 575-437-2622