

EXERCISE PHYSIOLOGY CONFIDENTIAL PATIENT CASE HISTORY

As an allied health practice providing comprehensive care, we focus on your ability to be healthy. Our goals are: firstly, to address the issues that brought you to this practice; secondly, to treat the cause of your condition (not just treat the symptoms or place a temporary patch over your condition); and thirdly, to offer you the opportunity of improved health potential and wellness services in the future. Answering the following questions will give us a profile of your health.



Patient's Name: _____

Main reason for appointment today? _____

What do you hope to achieve from your consultation today?

How long have you had this problem and what has / has not worked for you in the past?

What activities are limited as a result of your condition? _____

Medical Screening

Has your doctor ever told you that you have a heart condition? YES NO

Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? YES NO

Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? YES NO

Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? YES NO

If you have diabetes [type I or type II] have you had trouble controlling your blood glucose in the last 3 months? YES NO

Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity? YES NO

Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/ exercise? YES NO

Please List any medications you are taking

How would you rate your current activity levels? (10 highest) 0 1 2 3 4 5 6 7 8 9 10

Do you have any experience with resistance training? If so, for how long?

Patient's Signature: _____ **Print Name:** _____

Date: _____