



# Health Related Questionnaire

(please check either 'Yes' or 'No' to the following questions)

Yes	No	Questions Regarding Physical Activity
		Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		In the past three months, have you had chest pains when you were not doing physical activity?
		Do you ever lose your balance because of dizziness or ever lose consciousness?
		Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		Is your doctor currently prescribing drugs for blood pressure or a heart condition?
		Have you had an overnight stay in the hospital in the last six months?
		Have you suffered a fall in the last three months?
		Are you currently taking medication which may make you dizzy or faint?

If you have answered 'Yes' to any one of these questions, we advise that you consult your doctor before participating in pt Health's exercise classes.

For us to better understand what your limitations may be when participating in exercise classes, or how we could tailor exercises to fit your needs, please answer the following questions.

Do you currently suffer from any of the following chronic conditions?		
Yes	No	
		Diabetes
		Arthritis or Osteoporosis
		Heart Disease
		Asthma
		Obstructive Pulmonary Disease
		High Blood Pressure
		Cancer
		Alzheimer's

Participant Name (print): \_\_\_\_\_ Participant Signature: \_\_\_\_\_