

**ACTIVE HEALTHY AGEING PROGRAMMES
QUESTIONNAIRE**

Patient Information *(Please print clearly)*

Name: Sex: Male Female

Address: Date of Birth: / /

..... Tel No:

..... Email:

Post Code: Registered GP:

Next of Kin: Registered Practice Surgery:

Next of Kin Tel No:

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Most people should not face any problems with engaging with exercise, however this questionnaire has been designed to identify those who may require adapted or modified types of activities. Common sense is the best guide in answering these few questions.

PLEASE READ THEM CAREFULLY AND ANSWER EACH ONE HONESTLY: CHECK YES OR NO
PLEASE CROSS THE APPROPRIATE BOX BY EACH QUESTION

1. Do you get chest pain while at rest and/or during exertion?
2. Have you had a heart attack? If yes, what year:
3. Are you short of breath after extremely mild exertion, at rest, or at night in bed?
4. As an adult, have you ever had a fracture in the hip, spine, or wrist?
5. Have you undergone joint replacement surgery?
Joint: Year:
6. Have you fallen more than twice in the past year (no matter what the reason)?
7. Do you know any other reason why you should not do physical activity?
8. 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, blood clots, or pulmonary disease? If yes, please elaborate:
.....
.....

YES	NO

Is there anything else our coaches need to know to ensure your own and others' safety?
.....
.....

Where did you hear about Active Healthy Ageing?

Are you interested in a specific programme? **PLEASE TICK**

FuncFIT
 Strength and Balance
 Get Up and Go
 Tai Chi Standing
 Tai Chi Seated
 Pulmonary
 Weight Management
 Or Our Recommendation