



**P R E M I E R**  
**PHYSICAL THERAPY**

*Where it's all about you... all the time.*

**Pre-Activity Screening**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? \_\_\_\_\_

2. Do you feel pain in your chest when you do physical activity? \_\_\_\_\_

3. In the past month, have you had chest pain when you were not doing physical activity?  
\_\_\_\_\_

4. Do you lose your balance because of dizziness or have you ever lost consciousness?  
\_\_\_\_\_

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? \_\_\_\_\_

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? \_\_\_\_\_

7. Do you have diabetes or take medication to control your blood sugar?  
\_\_\_\_\_

8. Are you pregnant? \_\_\_\_\_

9. Do you know of any other reason why you should not do physical activity?

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*\*If you answered YES to any of the above questions we require you to discuss starting an exercise program with your physician.*

*\*Upon clearance from your physician, you will need to complete a baseline fitness assessment and fitness center training session prior to starting physical activity.*