



Community Health Team Physical Activity Screening Form

Name _____ Phone Number _____
Health Card # _____ Date of Birth _____
Program Name _____ Start Date and Location _____

Note: Screening form must be signed and submitted 5 business days before your program start date.

Please read and answer the following questions honestly. Check **YES** or **NO** to each question.

- YES NO 1. Do you regularly exercise at a moderate to vigorous pace for 30 minutes at least 3 days per week? (i.e.: moderate to brisk paced walking, cycling, aerobics, dancing)
- YES NO 2. Have you been diagnosed with diabetes, kidney disease or a heart problem (**heart attack, blockages, valve or heart surgery, angina, stroke, etc**)?
- YES NO 3. Do you ever have pain, tightness, pressure or discomfort in your chest, arms, back neck or jaw **at rest or** with physical activity?
- YES NO 4. Do you have shortness of breath with mild physical activity (walking at your own pace on the level ground) at rest, or when you are lying down?
- YES NO 5. Do you experience dizziness, faintness, or blackouts?
- YES NO 6. Do you have swelling in both feet that is more obvious at night?
- YES NO 7. Have you had more than one fall in the past year?
- YES NO 8. Have you or any close relatives been told you have an aneurysm?
- YES NO 9. Have you ever been told that you have a bicuspid aortic valve?
- YES NO 10. Have you ever been told you have a connective tissue disease?

A Community Health Team Physiotherapist may contact you for more information. Please be advised that you are exercising at your own risk. Should your health status change it is your responsibility to tell the Community Health Team.

Signature _____ Date _____

Please return completed form to your Community Health Team office in person or by using one of the methods listed below:

**Scan form and
Email:**
cht@nshealth.ca

Mail:
Community Health Team
6080 Young St. Suite 105 Young Tower
Halifax, NS B3K 5L2

Fax:
902-455-7910

Office Use Only Safe to begin Exercise program: YES NO Screened by:

Comments:

For **Move To Improve Program** only:

Do you have a chronic condition? _____

Currently how many days per week and how many minutes are you doing moderate to vigorous physical activity:

_____ days x _____ minutes = _____ total