

# Patient Wellness Screen

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

- Yes  No Has your doctor ever said you have a heart condition **AND** that you should only do physical activity recommended by a physician?
- Yes  No Do you feel pain in your chest when you do physical activity?
- Yes  No In the past month, have you had chest pain while you were performing physical activity?
- Yes  No Do you lose balance because of dizziness or do you ever lose consciousness?
- Yes  No Do you have a bone or joint problem that could be made worse by a change in your activity?
- Yes  No Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes  No Do you know of any other reason why you should not do physical activity?
- List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## How frequently do you participate in physical activity?

- Less than one day per week  Three to five days per week  
 One to three days per week  Five to seven days per week

## How hard are you working during physical activity?

- 6-7 very, very light exertion      12-13 somewhat hard      16-17 very hard exertion  
8-9 very light exertion      exertion      18-20 very, very hard exertion  
10-11 fairly light exertion      14-15 hard exertion
- Rate of perceived exertion \_\_\_\_\_

## Approximately how long (in minutes) do you perform physical activity per session?

Minutes per session \_\_\_\_\_

## What are your wellness goals?

- Improve overall fitness  General weight loss  
 Improve nutrition/health  I don't have any wellness goals  
 Improve stress level

## Would you like to learn more about our wellness program?

YES  NO

This is a three appointment program which includes a wellness survey, determination of your stress level, fitness assessment, review of your individual wellness profile, collaborative goal setting, referrals to our Partners in Wellness (as needed), discussion of exercise prescription, re-assessment and re-definition of goals.