

**HELEN HAYES HOSPITAL OSTEO EXERCISE CLASS HISTORY FORM**

Prior to submitting your health history form ensure your doctor agrees that you should be participating in the Osteo Exercise Class. The following is a brief description of the Osteo Exercise Class that should be shared with your doctor: The Osteo Exercise Class is similar to a community gym, during a 90 minute supervised session participants will utilize weight bearing aerobic equipment and weight training equipment as a part of their individualized exercise program.

<b>INFORMATION TO BE COMPLETED BY PARTICIPANT</b>		Date:	
Participants Name:		Date of Birth:	
Address:		Phone:	
Emergency Contact Name:	Relationship:	Phone:	
Have you ever been a patient at Helen Hayes Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Helen Hayes Hospital Physician:			
Primary Care Physician:		Phone:	
<b>Please list any major medical conditions (i.e. osteoporosis, stroke, heart disease) and physician following and/or treating you for the condition:</b>			
MEDICAL CONDITION	PHYSICIAN	SPECIALTY	PHONE
MEDICATION	DOSAGE	FREQUENCY	
YES	NO	QUESTION	IF YES, EXPLANATION
		Has your doctor ever said you have a heart condition that restricts exercise?	
		Do you lose your balance because of dizziness or do you ever lose consciousness?	
		Is your doctor currently prescribing drugs for your blood pressure?	
		Is your doctor currently prescribing drugs for a heart condition?	
		Have you ever been diagnosed with osteoporosis?	
		Have you ever fractured or broken a bone with minimal or no trauma (i.e.: without being in a car accident)?	
		Have you experienced significant height loss (greater than 1-1/2 inches) or postural changes (i.e.: Dowager's hump)?	

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YES	NO	QUESTION	IF YES, EXPLANATION
		Have you ever had an episode of autonomic dysreflexia?	
		Have you ever had a blood clot?	
		Are you currently using a spine brace?	
		Do you have any fractures posing restrictions on weight bearing activities or exercise?	
		Do you require an aide or a companion to assist you with getting on exercise equipment and/or setting up exercise equipment?	
		If you require an aide or a companion to assist you, do you have an aide or companion that can assist you?	
		Have you ever had any of the following? Total Hip Replacement	
		Total Knee Replacement	
		Other Joint Replacement	
		Rotator Cuff Repair	
		Ligament Damage	
		Knee surgery	
		Arthritis	
		Back problems	
		Persistent pain in a specific location	
		Have you been told by a Health Care Professional to limit or take precautions when exercising?	
		Have you had surgery or given birth within the past 12 weeks?	
		Do you have any significant medical conditions that have not been accurately described above?	
		Are you a Cardiac or Pulmonary Rehab. Graduate?	

I have fully discussed my participation in the Osteo Exercise Class with my Doctor. My Doctor has agreed that the Osteo Exercise Class would be beneficial to my health. I fully understand, and have explained, any exercise limitations or precautions that my doctor or another health professional has recommended. I have accurately and honestly answered all the questions on the Health History Form. If there are any changes to my health and/or medication in the future, I agree to discuss my continued participation in the Osteo Exercise Class with my Doctor; and update the Health History Form.

SIGNATURE:	DATE:
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