



Physician Release

Dr. _____:

Your patient _____ would like to begin an exercise program/and or a sports activity at Physical Therapy Center of Chesapeake. After reviewing his/her responses to our cardiovascular screening questionnaire, we would appreciate your medical opinion and recommendations concerning his/her participation in exercise/sports activities.

Please provide the following information and return this form to our fax number at 757-420-8090.

Are there any specific concerns or conditions that our staff should be aware of before this individual begins participating in exercise/sports activity at our facility?

___ YES

___ NO

If yes, please specify: _____

If this individual has completed an exercise test, please provide the following:

- Date of test: _____
- A copy of the final exercise test report and interpretation.
- Your specific recommendations for exercising training, including heart rate limits during exercise include:

This individual may participate in exercise/sports activities at your health/fitness facility.

___ Yes

No, because _____.

Physician's signature: _____

Physician's printed name: _____

Address: _____

Phone: _____ Fax: _____

Thank you with your help in getting this patient started on an exercise/sports program.



PHYSICAL THERAPY CENTER OF CHESAPEAKE

747 Volvo Parkway ♦ Suite 103 ♦ CHESAPEAKE, VA 23320 ♦ (757) 420-2880 FAX (757) 420-8090

WELLNESS PROGRAM PAYMENT AGREEMENT

I _____ have agreed to pay a fee of \$25.00 a month for the wellness program at the Physical Therapy Center of Chesapeake. I understand the fee is to be paid on the first day I use the facility each month. There will be no partial or **pro-rated payments** accepted.

Sign: _____
Date: _____



PAR-Q

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active.

If you are planning to become much more physically active than you are now, start by answering the questions below. If you are between 15-69 years of age, the questionnaire will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Check YES or NO

QUESTIONS:

	<u>YES</u>	<u>NO</u>
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to one or more of these questions. Talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the questionnaire and which questions you answered YES.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO honestly to all the questions, you can be reasonably sure that you can:

- Start becoming more physically active- begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal- this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or fever- wait until you feel better, or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.



Additional Questions

	<u>YES</u>	<u>NO</u>
8. Have you ever had a history of respiratory or lung problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you currently on any medications that directly affect the heart, lungs, or circulatory system (i.e. Blood Pressure Medications)?....If yes, Please list:	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have high cholesterol?	Don't Know	<input type="checkbox"/>
11. Do you know what your cholesterol scores are? Total Cholesterol _____ HDL _____		
12. Do you have a chronic illness or condition?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a hernia, or any condition that may be aggravated by lifting weights?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you smoke?..... If yes, how many packs a day? _____	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you had surgery within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have a thyroid problem?.....	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you currently pregnant or have been within the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
18. If you have answered Yes to any of the above questions, please explain below. Also, please list any information that you feel we should know before setting you up on an exercise program:		
19. Person to be contacted in case of emergency: _____		
20. Physician's Name: _____ Phone: _____		

I understand this Medical History Questionnaire serves as a preliminary screening resource to assist our professionals in the determination of member risk to exercise. If the information above indicates an increased risk for exercise, I authorize Precision Health & Fitness to contact my physician for approval and recommendations for my exercise program. If I am at risk and have not received medical clearance, I understand I cannot engage in any exercise tests or receive recommendations from any staff member. I will use the facilities aware of my risk and may seek only operational advice from the staff. I agree that the club shall not be liable for any injuries or damages arising from the use of the club. If member is under 18 years of age, this consent must be signed by a Parent/Guardian.



Informed Consent

I have been informed and acknowledge that in using the facility, equipment and services of Physical Therapy Center of Chesapeake, I do so at my own risk. In consideration of, and as payment for, the right to use the facility, equipment and services of Physical Therapy Center of Chesapeake and its agents, I have and do hereby fully assume all risk of illness, injury or death and hereby release and discharge Physical Therapy Center of Chesapeake and its agents from all actions, claims, or demands for damages resulting from any personal injury sustained by me or about the premises.

I understand and am aware that strength, flexibility and aerobic exercise including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in the activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I hereby certify that I have read the contents of this Informed Consent and Release of Liability, have received a signed original of the Agreement and the Informed Consent and Release of Liability, and agree to be bound by the reasonable rules and regulations adopted by Physical Therapy Center of Chesapeake in connection with the use of its facilities and equipment. I agree that the foregoing obligations shall be binding of me personally, as well as upon my family and my heirs, executors, administrators and assigns.

Client Signature _____ Date _____