Updated: 05/30/2014

Vanderbilt Dayani Center for Health & Wellness

Membership Health Intake Form

Name:	**Date of Birth:**
Mailing Address:	
Email Address: _____	
Cell Phone: (_____)_____ **Home Phone:** (_____)_____	
Would you like to receive occasional text messages about timely issues? ☐ **YES** ☐ **NO**	If yes, who is your cell phone provider (i.e. Verizon, AT&T, etc.)? _____
Emergency Contact Name:	**Phone Number:**

Do you use tobacco? ☐ No Previously (___/____) ☐ Yes (Type/Number): _____ Stop Date_____	Do you drink alcohol? ☐ No ☐ Yes (Type/Amount)_____	Are you currently following a special diet? ☐ No ☐ Yes If yes, please explain.	Is stress a concern to you at this time? ☐ No ☐ Yes If yes, please explain.

What is your primary reason for joining the Vanderbilt Dayani Center? _____

Member Type *(pick one):* ☐ Individual ☐ Family ☐ Senior ☐ Senior Family

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

YES	NO	
☐	☐	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 do you ever lose 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 your blood pressure or heart conditions?
☐	☐	7. Do you know of any other reason why you should not do physical activity?

List any prescribed medications which you currently use.

If currently a patient at Vanderbilt, you will be asked to verify the listing in your medical record.

_____

_____

_____

Primary Healthcare Provider (MD, NP) Information: Physician's Name: _____
If not at Vanderbilt, please fill out location, phone & fax.
Affiliation/Location:_____**Phone**:_____

You will be required to have your healthcare provider (MD, NP) sign off on your ability to participate in physical activity if you have certain health risk factors (based on American College of Sports Medicine (ACSM) guidelines). Please note that if your primary healthcare provider or cardiologist requires a treadmill stress test before you can begin an exercise program at the Dayani center, you will not be allowed to exercise at Dayani until you have completed this. This is for your safety. If an incident should occur, our staff members are trained in emergency response and will provide appropriate care.

AHA/ACSM Health/Fitness Pre-participation Screening Questionnaire

Assess your health status by marking all true statements

History- Have you had any of the following:
____A heart attack
____Heart surgery
____Cardiac catheterization
____Coronary angioplasty (PTCA)
____Pacemaker/implantable cardiac defibrillator/rhythm disturbance
____Heart valve disease
____Heart failure
____Heart transplantation
____Congenital heart disease

Other health issues
____I have diabetes
____I have asthma or other lung disease
____I have burning or cramping sensation in my lower legs when walking short distance
____I have musculoskeletal problems that limit my physical activity
____I have concerns about the safety of exercise
____I take prescription medications
____I am pregnant

Symptoms: Have you experienced any of the following during the last 6 months?
____Chest discomfort with exertion
____Unreasonable breathlessness Dizziness, fainting, or blackouts
____Ankle swelling
____Unpleasant awareness of a forceful or rapid heart rate

FOR STAFF USE ONLY RISK STRATIFICATION
□ **LOW**: Asymptomatic men and women who have no more than one CVD risk factor
□ **MOD**: Asymptomatic men and women who have two or more risk factors
□ **HIGH:** Individuals who have known cardiovascular, pulmonary, or metabolic disease or one or more signs and symptoms suggestive of these diseases
Exercise Specialist
Signature:_____Date:_____

Cardiovascular risk factors (mark the ones that apply to you)
____Man >45 yr
____Woman >55 yr
____Blood pressure is >140/90 mm Hg
____Do not know your blood pressure
____Take blood pressure medication
____Blood cholesterol level is >200 mg*dl-1
____Do not know your cholesterol level
____Have a close blood relative who had a heart attack or heart surgery before age 55*(father or brother)* or age 65*(mother or sister)*
____I am physically inactive (i.e., you get <30 min of physical activity on at least 3 days per week)
____Have a body mass index > 30 kg/m2
____Prediabetic
____I do not know if I have diabetes
____None of the above

Bones and Joints
Do you have bone, joint, or muscular problems in the following areas that would prevent you from lifting weights and/or stretching to the best of your ability?
□ Ankle □ Back – Upper/Lower □ Elbow
□ Knee □ Hip □ Neck
□ Shoulder □
Other_____

Do you have a bone or joint problem that could be made worse by one of these tests?

□ Sit-up Test *(Maximum number of full sit-ups you can do in one minute)*
□ Sit and Reach Test *(Reaching as far as you can toward your feet w/ legs straight)*
□ Bench Press Test *(Maximum amount of weight you can lift while on your back)*
□ Leg Press Test *(Maximum amount of weight you can press while sitting)*