

**Healthy and Active for Life Registration Form**

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| **Date:** / / | **Form completed by: Participant ID (*office use only*):** |
| **First Name** **Surname:**  **Address:** **Postcode:**  **Home phone:** **Mobile:**  **Date of birth**: **Gender:** Male/Female  Emergency Contact: Phone :(H) (M):  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Are you from a non-English speaking background?**  Yes  No  If yes, please specify the language you speak at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Are you of Aboriginal or Torres Strait Islander origin?**  Yes  No  **Are you a carer to anyone?**  Yes  No | |
| **ELIGIBILITY CRITERIA CHECKLIST** | |
| 1. **Mobility Status**    1. Can you walk independently (without assistance of another person)  Yes  No (Excluded)    2. Do you use a walking frame  Yes (Go to Q 1.3)  No (Skip to Q2)    3. Can you walk safely inside your house without using a walking frame  Yes  No (Excluded) | |
| 1. **Cognitive Impairment**    1. Do you have a condition that affects your memory (Dementia, Parkinson’s)  Yes  No (Skip to Q3)   If Yes, list the condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * 1. Will this affect your ability to do gentle exercise or participate in a group setting?  Yes (Excluded)  No   \*\*Please note you are advised not to participate in the exercises if experiencing rigidity, slow movement, tremors, postural instability, or any pain or discomfort\*\* | |
| 1. **Can you attend an English speaking group?**   Yes  No   If No, please refer to Stepping On or other suitable program | |
| 1. **Pre-exercise screening**     1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?   Yes  No | |
| * 1. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?   Yes  No | |
| * 1. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?   Yes  No | |
| * 1. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?   Yes  No | |
| * 1. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?   Yes  No | |
| * 1. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?   Yes  No | |
| * 1. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?   Yes  No | |
| ***If you answered ‘YES’ to any of the pre-exercise screening questions above, please complete the following GP clearance prior to undertaking physical activity/exercise.***  ***If you answered ‘NO’ to all of questions 4.1 to 4.7, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise.*** | |
| ***GENERAL PRACTITIONER (GP) CLEARANCE*** | |
| Healthy and Active for Life is a community based healthy lifestyle program specifically designed for older adults aged 60 years and over. The program runs for 10 weeks (1 session, 2 hours per week). One hour of the session will be spent on light to moderate physical activity; including cardiovascular, strength and balance exercises. The second hour will be discussion and activities about a healthy lifestyle  Healthy and Active for Life considers the safety of participants to be of paramount importance. Your patient has answered ‘Yes’ to one or more of the pre exercise screening questions, therefore we require GP clearance to enable us to assess if they are / are not eligible to attend the program.   1. **Does your patient have any pre-existing medical condition(s) that may make it is unsafe for them to participate in light to moderate physical activity?**   Yes  No    **If yes, please specify:**  **Having read the information above, I consider that this patient is fit and able to attend the Healthy and Active for Life program and is unlikely to have a health related event as a consequence.**  Referring doctor (please print):  Signature:  Date:  Phone: | |