BC WOMEN'S HOSPITAL+ HEALTH CENTRE
An agency of the Provincial Health Services Authority

Osteofit
fitness and healthy bones

# Get Up & Go!

## Health Screening Form

Name: ______________________________ Age: ________ Today's date ____________
Address: ______________________________ Postal Code: ______________________
Phone: ____________________ Physician: ________________________ Tel. ______________
Emergency contact: ________________________ Relationship:____________ Tel. ______________

1. Are you currently exercising or physically active? ❑ No ❑ Yes
2. Describe your current exercise program / physical activity

_______________________________________________________________________________

_______________________________________________________________________________

3. Have you been diagnosed with osteoporosis? ❑ No ❑ Yes
4. Have you had a fracture? ❑ No ❑ Yes
5. Have you had a fall in the last 12 months ❑ No ❑ Yes
6. Has a doctor ever told you not to exercise? ❑ No ❑ Yes

7. Please check those conditions you have now, or have had in the past.
- ❑ Heart problems including chest pain with activity (angina)
- ❑ Stroke
- ❑ High blood pressure
- ❑ Other chronic illness (please outline below)
- ❑ Recent surgery
- ❑ Bronchitis, asthma or emphysema
- ❑ Significant joint problems
- ❑ Significant back pain that persisted
- ❑ Previous injury that is still affecting you
- ❑ Diabetes
- ❑ Smoking
- ❑ High cholesterol
- ❑ Heart problems in the immediate family
- ❑ Vision impairment
- ❑ Hearing impairment

Please put any additional comments here: ______________________________________

_______________________________________________________________________________

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