



Medical Fitness Program Registration Form

NAME: _____ PHONE: _____

A. Program Interest (Choose one):

Cardiac Pulmonary Oncology Bariatric Pre & Post Natal SCI (Spinal Cord Injuries)

B. Type of Surgical Procedure: _____ Date (month/year): _____

Current/previous rehab participation? Yes No If yes, completion date (month/year): _____

C. Referral to program (Choose one):

Physician Social/ Media Support Group Rehabilitation Other _____

D. Referring physician or rehab name: _____ office #: _____

E. Support Person To Attend Program (optional): Name: _____ Phone: _____

F. Would you like to schedule a session with our Registered Dietitian? YES NO

Section E: MEDICAL FITNESS HISTORY

1. Has your physician/ therapist recommended exercise during your last medical visit?

YES NO

2. Please list any injuries you have had (past or present) that may cause limitations during the program. (If applicable). _____

3. Are you currently taking all medications as prescribed by your healthcare team?

Yes or NO If no, please explain _____

4. Are you currently physically active most days of the week? YES NO

If yes, how many days per week? ____ How many minutes per day? ____

Section F: GENERAL LIFESTYLE INFORMATION

5. How would you describe your current level of movement for everyday tasks?

Very Poor Poor Average Good Excellent

7. How would you describe your confidence to exercise on your own in a safe environment?

Very Poor Poor Average Good Excellent

8. How would you describe your current knowledge of exercising with your current health condition?

Very Poor Poor Average Good Excellent

9. How would you describe how your support system (family, friends & community) encourages daily exercise and physical activity?

Very Poor Poor Average Good Excellent

SECTION G: Program Goals: S-Specific M-Measurable A-Attainable R- Realistic T- Timely

10. What is your long term goal related to being active or exercise?

11. What is your short term goal related to being active or exercise?

12. How will you reward yourself when you reach your goal?

BY STAFF ONLY

SECTION F: Measures (Vary Based on Program)

	PRE	MID	POST	
Date:	/ /	/ /	/ /	
Weight				
BP/ P02	/	/	/	
HR				
Cardio				
Muscular Strength				

SECTION G: NOTES _____
