Healthy Lung Exercise for Life Program

Assessment

- Access forms online during registration
- Health history questionnaire, provides a list of current medications, receives approval from their physician

Intake

Once registered, participants will be scheduled for an assessment to go over health history and perform baseline tests to include the following:

- Sit to stand test
- 6 minute walk test
- Arm curl
- Back scratch test
  Chair sit and reach,
  Up and go test
- Biometric readings - Blood Pressure, Pulse Oxygen rate

On-Going Programming

- Participants will have the opportunity to choose between a variety of convenient sessions.
- Vitals will be monitored (pulse and oxygen saturation levels, blood pressure) before they begin their program.
- Participants will receive a tailored program and supervision from either an exercise physiologist/respiratory therapist.

Program Costs

Program fees are $130 (month-to-month) – 3 hours of supervised exercise/week with vitals monitored. Trained professionals account for their medical conditions in an inclusive environment. Staffing is equipped to respond in the event of an emergency. Pulmonary patients requiring oxygen will need to provide their own portable solution.

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Health History Questionnaire

Basic Information

Name _____ Birthdate _____
Home Address _____
Position _____ Telephone _____
Height _____ Weight _____ Gender_____

Regular physical activity is safe for most people; however, some individuals should check with their doctors before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise at the Inova Joan and Russell Hitt Center for Health Living, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO.

Medical History

YES	NO	
☐	☐	1. Do you have a heart condition?
☐	☐	2. Have you experienced a stroke?
☐	☐	3. Do you have epilepsy?
☐	☐	4. Are you pregnant?
☐	☐	5. Do you have diabetes?
☐	☐	6. Do you have emphysema?
☐	☐	7. Do you feel pain in your chest when you engage in physical activity?
☐	☐	8. Do you have chronic bronchitis?
☐	☐	9. In the past month, have you had chest pain when you were not doing physical activity?
☐	☐	10. Do you ever lose consciousness or do you ever lose control of your balance due to Chronic dizziness?
☐	☐	11. Are you currently being treated for a bone or joint problem that restricts you from engaging you in physical activity?

YES NO

☐ ☐ 12. Has a physician ever told you or are you aware that you have high blood pressure?

☐ ☐ 13. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55?

☐ ☐ 14. Has a physician ever told you or are you aware that you have high cholesterol level?

☐ ☐ 15. Do you currently smoke?

☐ ☐ 16. Are you a male over 44 years of age?

☐ ☐ 17. Are you a female over 54 years of age?

☐ ☐ 18. Are you currently exercising LESS than 1 hour per week? If you answered no, please list your activities. _____

☐ ☐ 19. Are you currently taking any medication? If yes, please list medications and its Purpose _____

_____

Goals

What are your specific fitness goals at Inova Joan and Russell Hitt Center for Healthy Living? (Check all that apply)

☐ Increase strength and endurance
☐ Improve cardiovascular fitness
☐ Reduce body fat
☐ Exercise regularly
☐ Sports conditioning
☐ Improve flexibility
☐ Improve muscle tone
☐ Increase muscle mass
☐ Injury rehabilitation
☐ Other _____

What are your specific health goals at Inova Joan and Russell Hitt Center for Healthy Living? (Check all that apply)

☐ Reduce stress
☐ Control blood pressure
☐ Stop smoking
☐ Improve productivity
☐ Feel better overall
☐ Improve nutritional habits
☐ Control cholesterol
☐ Achieve balance in life
☐ Reduce back pain
☐ Increase my health awareness

☐ Other (please be specific) _____

What motivated you to join Inova Joan and Russell Hitt Center for Healthy Living? (Check all that apply)

☐ Convenience/location
☐ Team Member Promotion
☐ Attended an Inova health promotion event
☐ Peer support
☐ Medical reasons
☐ Tried our guest pass
☐ Other _____

Attestation

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Name_____ **Date** _____

Signature

_____

STAFF USE ONLY

Cleared to exercise_____ **Not cleared to exercise**_____

Reason_____

Staff signature _____ **Date**_____

Resting heart rate_____ **Resting blood pressure** _____

EP _____

Doctor's Approval Form

(Participants name) _____ has medical approval to participate in the **Healthy Heart and Lung Exercise for Life Program.** They are approved for the use of exercise equipment under the supervision of an Exercise Physiologist provided by and/or recommended by Inova Well.

The following restrictions apply (if none, so state):

_____

_____

_____

_____

_____

Physician's Signature

_____

Physician's Name

_____

Street Address

_____ _____ _____

City **State** **Zip**

_____ _____

Phone **Date**

***** Please attach a copy of the results of the latest physical examination.**