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.
# Health History Questionnaire

## Basic Information

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<th>Name</th>
<th>Birthdate</th>
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<th>Home Address</th>
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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

<table>
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<th>YES</th>
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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?
12. Has a physician ever told you or are you aware that you have high blood pressure?

☐  YES  ☐  NO

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

☐  YES  ☐  NO

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

☐  YES  ☐  NO

15. Do you currently smoke?

☐  YES  ☐  NO

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

☐  YES  ☐  NO

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

☐  YES  ☐  NO

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

☐  YES  ☐  NO

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 flexibility
☐ Improve cardiovascular fitness  ☐ Improve muscle tone
☐ Reduce body fat  ☐ Increase muscle mass
☐ Exercise regularly  ☐ Injury rehabilitation
☐ Sports conditioning  ☐ Other __________________________

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

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