

Diabetes Exercise Program

NAME: _____

MY STARTING POINT

There are many ways you will see health progress with regular physical activity. Each of these measures is a directly related risk factor for heart disease and/or type 2 diabetes. Please complete this form as completely as possible so you can find encouragement in all the improvements you will be making. Please provide the most up-to-date information you can. Please contact your healthcare provider to assist you in filling in information. In the Salem, Eugene, and Portland Area Offices, Community Health staff can assist you with the *asterisked measures below.

Please complete the information on the back of this page also.

Today's DATE: _____

Age: _____

Height: _____ (STAFF USE BMI: _____)

*Weight: _____

*Blood Pressure _____ * Resting Pulse: _____

* Waist Circumference: _____

Last Cholesterol Test DATE: _____

TOTAL CHOLESTEROL: _____ HDL CHOLESTEROL Result: _____

LDL CHOLESTEROL Result: _____ TRIGLYCERIDES: _____

IF YOU ARE A DIAGNOSED DIABETIC:

LAST Hemoglobin A1C DATE: _____

Hemoglobin A1C RESULT: _____

IF YOU ARE NOT A DIAGNOSED DIABETIC:

* RANDOM Capillary Blood Glucose Result: _____

PLEASE COMPLETE INFORMATION ON OTHER SIDE!!

Physical Activity Readiness Questionnaire (The PAR-Q)

Regular physical activity is fun, healthy, and safe for most people. However, some people should check with their doctor before becoming more physically active. If you are between the ages of 18 and 69, the PAR-Q will tell you if you check with your doctor before starting an exercise program. If you are over 69 years of age and not used to being very active, please check with your doctor.

Please read each question carefully and answer each one honestly: Circle YES or NO.

- | | | |
|--|-----|----|
| 1). Has your doctor ever said that you have a heart condition AND that you should ONLY do physical activity recommended by a doctor? | YES | NO |
| 2). Do you feel pain in your chest when you do physical activity? | YES | NO |
| 3). In the past month, have you had chest pain when you were NOT doing physical activity? | YES | NO |
| 4). Do you ever lose your balance because of dizziness or ever pass out? | YES | NO |
| 5). Do you have a bone or joint problem that could be made worse by a change in your physical activity? | YES | NO |
| 6). Is your doctor currently prescribing drugs for you for a blood pressure or heart condition? | YES | NO |
| 7). Do you know of any other reason why you should NOT do physical activity? | YES | NO |

IF you answered YES to one or more questions:

Talk with your doctor before increasing your physical activity.

You may be able to do any activity you want as long as you start slowly and build gradually. Or, your doctor may want to restrict certain kinds of activities that may not be safe for you. Please sign below...

IF you answered NO to all questions:

You can be reasonably sure that you can safely begin an exercise program.

Remember to start slowly and build gradually to avoid injuries that can set your program back! Please sign below...

WAIVER

When starting an exercise program, I understand the importance of starting slowly, staying at a comfortable pace, and increasing intensity gradually.

I will immediately stop exercising and seek medical attention if I experience chest pain, palpitations, dizziness or fainting, or any other unexplained problems while exercising.

I hereby release the Siletz Community Health Clinic and CTSI employees from liability for any injuries or illnesses I may incur while participating in this program.

Signature

Date