UpRight Movement | Defy Gravity

Date _____

Dear _____

Your patient, _____ would like to begin an exercise program with UpRight Movement. To promote the greatest safety and positive results, we interview each client to assess for "risk factors". We have identified some of those risk factors checked below.

- ☐ Elevated blood pressure
- ☐ High cholesterol
- ☐ Tachycardia, palpitations, or heart murmur
- ☐ Diabetes mellitus
- ☐ Diagnosed cardiac, pulmonary disease
- ☐ Bone, joint, back or muscular problems
- ☐ Lung, thyroid, kidney or other metabolic disease
- ☐ Difficulty breathing
- ☐ Fainting spells or dizziness
- ☐ Over 60 years of age (not accustomed to exercise)
- ☐ Obesity
- ☐ Leg cramping
- ☐ Previous stroke
- ☐ Family history of heart disease
- ☐ Abnormal EKG
- ☐ Chest pain
- ☐ Pregnancy
- ☐ Swelling of the ankles
- ☐ Smoking
- ☐ Other, answered YES to other listed question on Past Medical History Questionnaire

Should this person exercise? ☐ Yes ☐ No

Is light to moderate weight training permissible? ☐ Yes ☐ No

Maximum training heart rate:

Please list any restrictions, recommendations or any other comments concerning your patient.

_____ _____

Physician's signature Date

Thank you for your time.

_____ _____

Performance Specialist Date

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