BC WOMEN'S HOSPITAL+ HEALTH CENTRE
An agency of the Provincial Health Services Authority

Osteofit fitness and healthy bones

Health Screening Form

Name: _____ Age: _____

Address: _____ Postal Code: _____

Phone: _____ Date: _____

Emergency Contact: _____ Relationship: _____Tel:_____

1. Are you currently exercising or physically active? ❑ No ❑ Yes
2. Describe your current exercise program / physical activity

_____

_____

3. Have you been diagnosed with osteoporosis? ❑ No ❑ Yes
4. Have you had a fracture? ❑ No ❑ Yes
5. Have you had a fall in the last 12 months ❑ No ❑ Yes
6. Has a doctor ever told you not to exercise? ❑ No ❑ Yes
7. Please check those conditions you have now, or have had in the past.
   - ❑ Heart problems including chest pain with activity (angina)
   - ❑ Stroke
   - ❑ High blood pressure
   - ❑ Other chronic illness (please outline below)
   - ❑ Recent surgery
   - ❑ Bronchitis, asthma or emphysema
   - ❑ Significant joint problems
   - ❑ Significant back pain that persisted
   - ❑ Previous injury that is still affecting you
   - ❑ Diabetes
   - ❑ Smoking
   - ❑ High cholesterol
   - ❑ Heart problems in the immediate family
   - ❑ Vision impairment
   - ❑ Hearing impairment

Please put any additional comments here: _____

_____