



New Ability Health Pty Ltd  
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## New Ability Health – Exercise Group Pre-Screening Form

*Based on the Adult Pre-Exercise Screening System (APSS)*

**Facilitators:** Katie Hirneth & Danielle Bruce – Physiotherapists

Participant Information	
Name:	
Date of birth:	
Phone number:	
Emergency contact name:	
Emergency contact number:	

### Pre-Exercise Health Check: Stage 1 (Compulsory)

- Has your doctor ever told you that you have a heart condition, or have you ever suffered a stroke?  
☐ Yes ☐ No
- Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?  
☐ Yes ☐ No
- Do you have a history of falls, or have you ever felt faint, dizzy, or lose balance during physical activity/exercise?  
☐ Yes ☐ No
- Do you have a diagnosis of asthma, or have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?  
☐ Yes ☐ No
- If you have diabetes (type 1 or type 2), have you had trouble controlling your blood glucose in the past 6 months?  
☐ Yes ☐ No
- Do you have any diagnosed muscle, bone, or joint problems that you have been told could be made worse by participating in physical activity/exercise?  
☐ Yes ☐ No
- Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?  
☐ Yes ☐ No
- If you answered YES to any of the above questions, further medical clearance may be required prior to participation. You will be contacted shortly by Katie or Danielle prior to your first exercise class at New Ability Health.

### Pre-Exercise Health Check: Stage 2 (Recommended)

- Are you currently taking any prescribed medication(s) for a chronic medical condition?  
☐ Yes ☐ No  
If yes, please list: \_\_\_\_\_
- Do you smoke cigarettes, or have you quit smoking in the past 6 months?



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☐ Yes ☐ No

- Do you engage in physical activity for at least 30 minutes on most days of the week?

☐ Yes ☐ No

- Do you feel confident in your ability to safely participate in group-based exercise?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

- Do you have any current injuries or pain that might impact your ability to participate in exercise?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

- Do you have any cognitive or sensory difficulties (e.g., hearing, vision, memory) that we should be aware of to support you safely?

☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

## Establishing Exercise Intensity: Stage 3 (Recommended)

- Describe your current physical activity / exercise levels in a typical week by stating the frequency and duration at the different intensities.

**For intensity guidelines, consult with Figure 1, below.**

Intensity	Light	Moderate	Vigorous / High
<b>Frequency</b> (number of sessions per week)			
<b>Duration</b> (minutes per week)			

**Total =** \_\_\_\_\_ minutes per week

*For Physiotherapist / Office use only (per Figure 1.):*

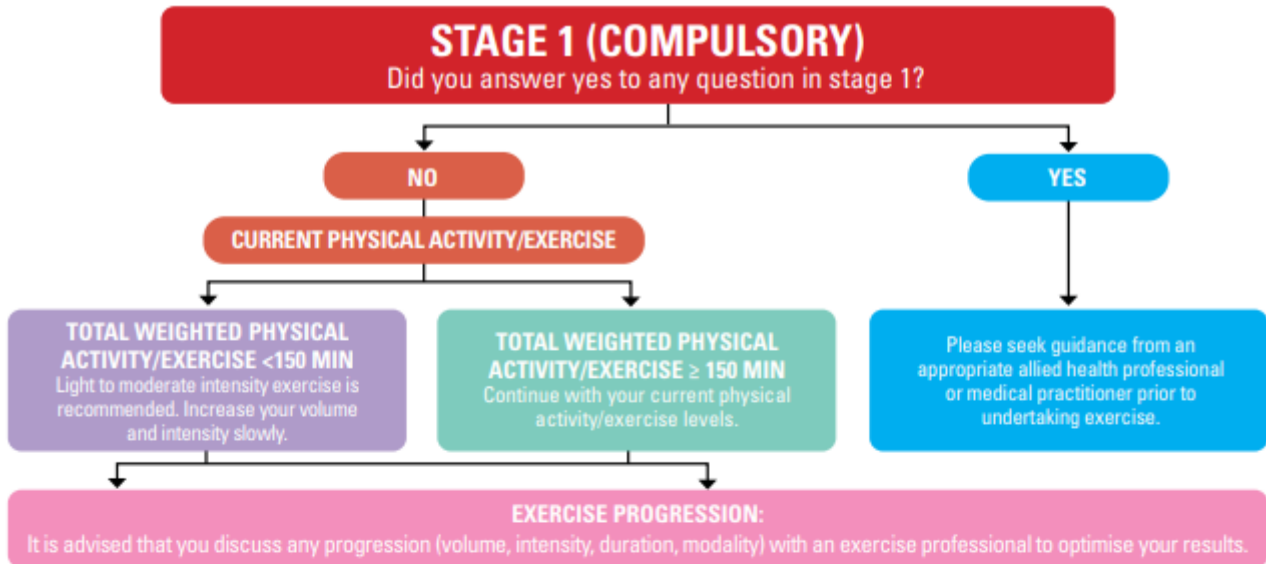
- *HRmax = estimated heart rate maximum. Calculated by subtracting age in years from 220.*
- *Borg's Rating of Perceived Exertion (RPE) scale, category scale 0-10.*

## Client Statement:

I believe that to best of my knowledge, all the information supplied in this screening tool is correct.

**Client signature:**

**Date:**



**FIGURE 2: Exercise Intensity Guidelines**

INTENSITY CATEGORY	HEART RATE MEASURES	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES
<b>LIGHT</b>	40 to <55% HRmax*	<b>VERY LIGHT TO LIGHT RPE# 1-2</b>	<ul style="list-style-type: none"> <li>An aerobic activity that does not cause a noticeable change in breathing rate</li> <li>An intensity that can be sustained for at least 60 minutes</li> </ul>
<b>MODERATE</b>	55 to <70% HRmax*	<b>MODERATE TO SOMEWHAT HARD RPE# 3-4</b>	<ul style="list-style-type: none"> <li>An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted</li> <li>An intensity that may last between 30 and 60 minutes</li> </ul>
<b>VIGOROUS</b>	70 to <90% HRmax*	<b>HARD RPE# 5-6</b>	<ul style="list-style-type: none"> <li>An aerobic activity in which a conversation generally cannot be maintained uninterrupted</li> <li>An intensity that may last up to 30 minutes</li> </ul>
<b>HIGH</b>	≥ 90% HRmax*	<b>VERY HARD RPE# 7</b>	<ul style="list-style-type: none"> <li>An aerobic activity in which it is difficult to talk at all</li> <li>An intensity that generally cannot be sustained for longer than about 10 minutes</li> </ul>

Figure 1