

Hello and Welcome!

In order to commence with an exercise program here at Primary Care Connect (PCC) please tick the program you would like to join and complete the required documentation. Return either by handing into reception on your next visit or email intake@primarycareconnect.com.au. One of our friendly staff will contact you prior to you starting your exercise class.

General Exercise Program

Pulmonary Rehabilitation Program

Movement Matters

Community Cancer Program

Healthy Heart & Lung Program
(signed by Rehabilitation Clinician)

Change in your Condition

- It is your responsibility to inform PCC staff of any changes to your condition that may affect your ability to exercise, such as illness, hospital admissions or surgeries.
- PCC staff reserve the right to ask for a doctor's clearance if they feel your condition has changed, this must be provided prior to participating in any further classes.
- If you are returning to classes after an absence of more than six months or a medical event (injury, illness, operation) you are required to provide an up-to-date doctor's clearance. It is preferred at your first class back you arrive at least 15 minutes earlier to chat with the instructor.

Cancellation of Classes

Classes will be cancelled if

- The daily maximum temperature for Shepparton reaches 36 degrees Celsius or higher at the time of a scheduled exercise class. Exercise classes scheduled prior to the temperature reaching 36 degrees Celsius will continue as planned, until such temperature is reached. PCC use the Bureau of Meteorology for our forecast system
- There is a Thunderstorm asthma warning of moderate or higher for Northern Country
- Environment protection authority air quality is very poor or lower for Northern Country

PCC will send out Cancellation text messages to all clients and post on our Facebook Page. If you are unsure, please call us on 03 5823 3200

By signing, you are stating that you have read and understood this information, and you will inform PCC staff of changes to your condition and provide an updated medical clearance as requested.

Name of Client:

Date of Birth:

Phone:

Address:

Email:

Emergency Contact Name:

Phone:



Phone
5823 3200



Website
primarycareconnect.com.au



Address
399 Wyndham Street, Shepparton, VIC 3630



Medical Clearance/Rehabilitation Referral to Exercise

Dear Doctor/Physiotherapist/Paramedic/Osteopath

Please provide a medical clearance/rehabilitation referral for this person to attend our exercise program advising of any restrictions or precautions. Please note that Primary Care Connect (PCC) have qualified Personal Trainers, Physiotherapists and Registered Nurses who run and oversee all exercise programs and screenings of participants.

Please tick suitable program/s for this person

All Exercise Program

- Requires a Doctor's, Physiotherapist, Paramedic or Osteopath clearance
- Ability appropriate, low to moderate intensity cardio exercise, self-paced resistance exercises using resistance bands, free weights and functional movement exercises to improve health and the ability to perform daily living tasks. Exercises are modified to work within an individual's capabilities.

Doctor/Paramedic/Rehabilitation Clinician comments or consideration if any:

(Mandatory: Previous/relevant Medical History)

Date:

Clients Name:

Doctor/Paramedic/Rehabilitation Clinician Name:

Clinic Name:



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ADULT PRE-EXERCISE SCREENING SYSTEM (APSS)



This screening tool is part of the Adult Pre-Exercise Screening System (APSS) that also includes guidelines (see User Guide) on how to use the information collected and to address the aims of each stage. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise & Sport Science Australia, Fitness Australia, Sports Medicine Australia or Exercise is Medicine for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this system.

Full Name: _____

Date of Birth: _____ Male: _____ Female: _____ Other: _____

STAGE 1 (COMPULSORY)

AIM: To identify individuals with known disease, and/or signs or symptoms of disease, who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death to an individual.

This stage may be self-administered and self-evaluated by the client. Please complete the questions below and refer to the figures on page 2. Should you have any questions about the screening form please contact your exercise professional for clarification.

Please tick your response

	YES	NO
1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any other conditions that may require special consideration for you to exercise?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED 'YES' to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

IF YOU ANSWERED 'NO' to all of the 6 questions, please proceed to question 7 and calculate your typical weighted physical activity/exercise per week.

7. 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 figure 2.				Weighted physical activity/exercise per week	
Intensity	Light	Moderate	Vigorous/High		Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)
Frequency (number of sessions per week)	_____	_____	_____		
Duration (total minutes per week)	_____	_____	_____		
				TOTAL = _____ minutes per week	
<ul style="list-style-type: none"> • If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly. • If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels. • It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results. 					

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

Client signature: _____ Date: _____