Pre Exercise Medical Review

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Dear Doctor,

I am currently considering adding	exercise	to my	life	and i	t has	been
suggested I have a medical review	'.					

My current weight is: _____ lbs/Kg

My current height is: ______ feet/cm

Currently I am not a smoker OR I smoke _____ cigarettes/pipe each day.

I currently take the following medications:

In the past I have been diagnosed with the following conditions: (Tick the circles that apply to you)

- Heart Disease
- High Blood Pressure
- Lung Disease
- Thyroid Problems
- Asthma

- Diabetes
- Problems with my joints
- Stroke or a Mini Stroke
- High Cholesterol or Lipids
- Problems with Heart Rhythm

People in my family suffer with: (Tick the circles that apply to you)

- Heart Disease
- High Blood Pressure
- Lung Disease
- Thyroid Problems
- Asthma

- Diabetes
- Problems with my joints
- Stroke or a Mini Stroke
- High Cholesterol or Lipids
- Sudden Death

In the past three months I have experienced: (Tick the circles that apply to you)

- Pain or discomfort in the chest/ neck/arms/jaw
- Shortness of breath at rest or walking
- Funny heart rhythms
- Swelling of the ankles

- Dizziness or Fainting
 - Shortness of breath when lying in bed
- Leg pain with walking
- Feeling tired for no particular reason

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Suggested screening blood tests:

Full Blood Count, Kidney and Liver Functions, Cholesterol/Lipids, Thyroid Function, Fasting Glucose, Vitamin D

Indications for pre-exercise Cardiac Stress Test:

Asymptomatic Men aged > 40 years and Women aged > 50 years before starting a vigorous exercise routine.

Asymptomatic men and women with multiple cardiac risk factors. These include: Hypercholesterolemia, hypertension, smoking, diabetes, positive family history of MI or sudden cardiac death in a first degree relative < 60 years of age or a Framingham risk score consistent with a moderate risk of cardiac events within 5 years.

AHA guideline for assessing cardiac risk: *Circulation* 2010;122;e584-e636; originally published online Nov 15, 2010;