**‘Replenish’ Programmes Client Pre-exercise screening tool**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/ Female**

**Name of Caregiver (If the client is under 18 years of age)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| *This screening tool is to be completed by the* ***client*** *or the* ***caregiver*** *responsible for the client partaking in the Replenish Programmes. The questions relate to the person taking part in the* ***Brain Bloom Room Replenish Programmes****. It does not provide advice on a particular matter, nor does it substitute advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening tool no way guarantees against injury or death. No responsibility or liability whatsoever can be attributed to the Brain Bloom Room and its Replenish Programmes for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.* |
| 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 in your chest at rest or during physical activity/exercise? | **Yes** | **No** |
| Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | **Yes** | **No** |
| 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 last 12 months? | **Yes** | **No** |
| Do you have 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 conditions(s) that may make it dangerous for you to participate in physical activity/exercise? | **Yes** | **No** |
| If you answered ‘Yes’ to any of the 7 questions, please seek guidance from your GP or appropriate medical professional **prior** to undertaking physical activity/exercise. | **↲**  **↲** |
| If you answered ‘No’ to any of the 7 questions, and you have no other concerns about your health, you **may** proceed and are **consenting** to undertake light-moderate intensity physical activity/exercise. It is always advisable to consult your physician before starting any exercise or movement-based programme. |
| I believe that to the best of my knowledge, all of the information I have supplied is correct. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Client/Caregiver) Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ |