HEALTH RISK APPRAISAL

Mount Sinai Rehabilitation Hosptial
Fitness and Wellness Programs
490 Blue Hills Avenue, Hartford, CT 06112
Phone: 860-714-3500
Fax: 860-714-8550

Name: ________________________________

Please fill out this form honestly and to the best of your knowledge. The information you provide will determine if you need to seek the advice of your physician. The information contained on this appraisal is confidential and in compliance with HIPAA; it will be kept in you personal file.
Please check any of the following that apply to you.

I have/have had:
- ☐ A Heart Attack
- ☐ Heart surgery
- ☐ A Pacemaker
- ☐ Heart Valve Disease
- ☐ Irregular Heart Beats
- ☐ Cardiomyopathy
- ☐ A Stroke (CVA, TIA)
- ☐ Diabetes➢ ☐ insulin controlled
  ☐ medication controlled
- ☐ Emphysema
- ☐ Fibromyalgia
- ☐ Frequent Dizziness
- ☐ Activity Induced Asthma➢ ☐ I take an inhaler
- ☐ Chest Pain➢ ☐ I take nitroglycerin
- ☐ Shortness of Breath
- ☐ High Cholesterol➢ ☐ controlled with meds
- ☐ High Blood Pressure➢ ☐ controlled with meds
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Incontinence
- ☐ Broken bone; Muscle sprain, strain or tear
- ☐ Head Injury (TBI, BI)
- ☐ Amputation
- ☐ History of Seizures
- ☐ Multiple Sclerosis
- ☐ Spinal Cord Injury
- ☐ Joint surgery (back, neck, hip, ankle, shoulder, knee, other)
- ☐ Any surgery/injury within the past year (list):____________________________

Risk Factors:
My age is ____________
- ☐ There is a history of heart disease in my family
- ☐ I am sitting for a large part of the day
- ☐ I currently smoke
- ☐ I have a history of falls➢ last fall was _________

List Medications:
- ☐ Allergies to medications:_____________

Resting Vital Signs: Blood Pressure:________________ Heart Rate: _______ O_2 Sat:_________

I have answered these questions honestly and to the best of my ability. I understand that, based on my answers, the Fitness Coordinator has the right to request medical clearance from my physician prior to my starting an exercise program.

____   ____________________________

Signature Date   Staff Signature Date