Moving Medicine

OCE Prosthetics Physical Activity Class Participation Questionnaire

Patient name:

Date of Birth:

MRN:

In order to ensure that it is safe to undertake physical activity in the class, please answer the following questions:

Does the patient have any of the following?

	Yes	No
Uncontrolled arrhythmia	○	○
Uncontrolled heart failure	○	○
Unstable angina	○	○
Severe aortic stenosis	○	○
Recent myocardial infarction	○	○
Recent/acute pulmonary embolism	○	○
Aortic aneurysm	○	○
Poorly controlled asthma or COPD	○	○
Blood pressure ..../............. (Is this <200/110)	○	○
Does the patient have any other medical conditions that would preclude them undertaking moderate levels of physical activity, e.g. acute severe illness? (If yes, provide details below)	○	○

....

....

If the answer to any of the above is 'yes', or there are any additional concerns, please discuss their case with the relevant medical team prior to the patient joining the class.

Signed: .... Date: ....

Name: .... Role: ....