

Advance Potential Psychological Services, LLC  
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(773) 512 – 8813

Before engaging in walking with Glenn Sevier, you are required to complete this pre-participation screening and agreement. The pre-participation questionnaire on page 2 is a self-guided tool designed to determine if medical clearance is necessary BEFORE beginning Walk-N-Talk Therapy. If it is deemed necessary for you to see your physician before beginning exercise, please make arrangements to do so and return to Advance Potential Psychological Services with documentation of medical clearance. This is for your safety.

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Medications: \_\_\_\_\_ (attach a list if necessary)

Describe Your Current Physical Activity/Exercise Habits: (i.e. type, duration, frequency)

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# American Heart Association (AHA)/ American College of Sports Medicine (ACSM)/Fitness Pre-participation Screening Questionnaire

Assess your health status by marking all TRUE statements

## History

You have had:

- \_\_\_ a heart attack
- \_\_\_ heart surgery
- \_\_\_ cardiac catheterization
- \_\_\_ coronary angioplasty (PTCA)
- \_\_\_ pacemaker / implantable cardiac defibrillator / rhythm Disturbance
- \_\_\_ heart valve disease
- \_\_\_ heart failure
- \_\_\_ heart transplantation
- \_\_\_ congenital heart disease

If you marked any of these statements, you must consult your physician or health care provider BEFORE engaging in exercise. (Please provide documentation of medical clearance BEFORE beginning a new exercise program)

## Symptoms

- \_\_\_ You experience chest discomfort with exertion
- \_\_\_ You experience unreasonable breathlessness
- \_\_\_ You experience dizziness, fainting, or blackouts
- \_\_\_ You experience ankle swelling
- \_\_\_ You experience unpleasant awareness of a forceful or rapid heart rate
- \_\_\_ You take heart medications

## Other Health Issues

- \_\_\_ You have diabetes Type 1\_\_\_ OR Type 2\_\_\_
- \_\_\_ You have asthma or other lung disease
- \_\_\_ You have a burning or cramping sensation in your lower legs when walking short distances
- \_\_\_ You have musculoskeletal problems that limit your physical activity
- \_\_\_ You have concerns about the safety of exercise
- \_\_\_ You are pregnant

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## Cardiovascular Risk Factors

- \_\_\_ You are a man >45 yr
- \_\_\_ You are a woman > 55 yr

- You smoke or quit smoking within the previous 6 months
  - Your blood pressure is > 140/90mm Hg
  - You do not know
  - your blood pressure
  - You take blood pressure medication
  - Your blood cholesterol level is >200 mg \* dL -1
  - You do not know your cholesterol level
  - You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
  - You are physically inactive (i.e. you get <30 min of physical activity on at least 3 days per week)
  - You have a body mass index >30kg \* m -2
  - You have pre-diabetes
  - You do not know if you have pre-diabetes
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If you marked **two or more** of the statements in this section, you **should** consult your physician or health care provider soon as part of good medical care.

- None of the above

You should be able to exercise safely without consulting your physician or health care provider.