

Screening Questionnaire for Physio-led Exercise Class

In order to ensure safe participation in the higher intensity exercise class Saturdays 10.30am through PCSUK (led by physiotherapist Clare Proctor) I would be grateful if you could fill in the following form. This is to screen that participation is safe for you, and so the class can be tailored (as far as is possible) to your needs. Clinical records will be kept of your attendance including any concerns or queries raised during the class.

1. Name

2. Date of birth

3. Contact number

4. Next of kin name and contact number (in case of emergency)

5. Please list any current or past medical conditions

6. Please list any current medication. Please make sure you have medications such as inhalers or due Parkinson's medication within reach before starting the class.

7. Please additionally tick if you have, or have had, any of the following:

- Heart condition of any kind
- Low blood pressure (detail if known)
- High blood pressure (detail if known)
- High cholesterol
- Chest pain at rest or on exertion
- Dizziness or fainting
- Bone, joint or muscular problems (including arthritis and osteoporosis)
- Diabetes
- Epilepsy
- Asthma
- Visual problems
- Hearing problems
- Pregnant or have been pregnant in last 6 months
- Advised to be cautious with exercise for any reason
- History of stroke
- History of cancer
- Hernia
- Pain including back pain
- Surgery including joint replacements

These do not necessarily exclude you from joining the class, but further discussion may be required.

8. What exercise/activity do you currently do and how often?

9. Are you currently having physio?

- Yes, for my Parkinson's

Yes, for something unrelated to Parkinson's

No

10. Have you had any falls? If so, how many in the past year? Please give a description of how, when and where, plus any injuries, if known.

11. To give me valuable information about your balance before the class, please consider answering the following question. Please stand next to something sturdy such as the worktop (with a chair behind if needed). When you are secure please try standing on one leg without holding on. Write how long you can balance, in seconds. If you can get over 30 seconds just write over 30! Please try on both legs. If you are unable, write this too. If your symptoms fluctuate please try and do this test mid to late morning, to mimic the time of the class.

Consent

I understand that the physio may not have a clear view of me on Zoom and I will ensure the area around me is clear of trip hazards before starting.

This class will combine aerobic exercise, strength, flexibility and balance. The aim is to feel challenged in a safe environment, therefore please ensure you have something sturdy to hold on to as needed, and take rests as required.

Please ensure:

- the area you will be exercising in is clear of rugs and other trip hazards
- You have water and any required medication to hand
- You have a mobile phone nearby
- You have a sturdy chair nearby to sit on, and the same chair or a kitchen worktop to hold on to
- Wear loose, comfortable clothing and appropriate footwear/barefoot
- You warn anyone you live with that it might get noisy at times, including shouting (in a good way!)

This form will be shared with Clare Proctor Neurological Physiotherapy for the purposes of providing an appropriate physio-led exercise class. I understand that a record will be kept of my attendance including any concerns or queries raised. This is to ensure due care is provided. All information is kept confidentially.

Signature or typed name:

Date: