



Dear Restore Participant,

Welcome to the Restore program. We are excited about the opportunity to work with you. Please let us know if there is anything we can do to encourage your success.

**ENCLOSED YOU WILL FIND THESE MATERIALS TO COMPLETE AND SEND BACK TO US:**

1. The Before I begin an Exercise Program Form
2. The Informed Consent Agreement
3. The Health and Performance Survey

**PLEASE RETURN INFORMATION TO:**

Christian Care Ministry  
Attention: Health Initiatives  
P.O. Box 120099  
West Melbourne, FL 32912  
Phone: 800-264-2562 extension #2911  
Fax: 321-308-7775

Sincerely,

A handwritten signature in black ink, appearing to read "John Reinhold", with a long horizontal flourish extending to the right.

John Reinhold  
Health Initiatives Manager

# Health *Initiatives* Before I Begin an Exercise Program

Innovative Health Solutions

After completing this and the accompanying medications form, send them to Health Initiatives: P.O. Box 120099, Melbourne, FL 32912 Note: This form covers many areas of risk, but some conditions that would limit or prohibit certain forms of exercise may not have been addressed.

Name *(Please Print)* \_\_\_\_\_ Phone: \_\_\_\_\_

## Check the box to the left of each statement that describes you; and fill in your height and weight

- I experience pain on movement due to muscle, bone, tendon, ligament or joint injury, or past surgery.
  - I have had joint reconstructive or joint replacement surgery. (Joint(s): \_\_\_\_\_)
  - I experience pain, discomfort or pressure in the chest, neck, jaw, arms, shoulder, elbow or back with physical activity.
  - I experience pain, discomfort or pressure in the chest, neck, jaw, arms, shoulder, elbow or back when at rest.
  - I experience occasional dizziness or fainting.
  - I sometimes experience difficulty breathing while lying down or experience night episodes in which I suddenly have difficulty breathing.
  - My ankles/lower legs swell to the point where I can make an indentation on my lower leg with my thumb.
  - Sometimes my heart pounds or races, or I experience unusual heart sensations without exercise or other known cause.
  - I often experience pain and/or cramping in my legs with walking short distances or other mild exercise.
  - I have been diagnosed with a nerve or muscular disease (e.g., Parkinson's, MS, etc.).
  - I experience unusual fatigue or shortness of breath with day-to-day activities.
  - I have osteoarthritis, rheumatoid arthritis, or some other form of arthritis.
  - I have been told I have osteoporosis or osteopenia (bone weakness).
  - I have heart disease (for example, coronary artery, valve or congestive heart disease, or an abnormal heart rhythm).
  - I have lung disease (e.g., emphysema, asthma, chronic bronchitis), diabetes, thyroid, kidney or liver disease.
  - A physician has placed or recommended limitations or restrictions on my activity or exercise.
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- One of the following describes me (underline):** <sup>1</sup>I am a man over 45 years of age, or <sup>2</sup>a woman over 55, or <sup>3</sup>a woman who experienced premature menopause without estrogen replacement therapy, or <sup>4</sup>a woman who is pregnant.
  - A male first degree relative (parent, sibling or child) experienced a heart attack or sudden death before 55 years of age; or a female first degree relative experienced a heart attack or sudden death before 65 years of age.
  - I am currently a smoker.
  - I have high total cholesterol (over 200) or low HDL cholesterol (below 40 for a man; below 50 for a woman).
  - My blood pressure is above normal - at/above 120 systolic or 80 diastolic), and/or I am on blood pressure medication.
  - Underlined items describe me:** <sup>1</sup>I have type 1 diabetes; <sup>2</sup>have type 2 diabetes; <sup>3</sup>on diabetes meds or insulin
  - I live a sedentary life: I don't exercise regularly, and my work and recreation require only moderate activity at most.
  - One of the following describes me (underline):** <sup>1</sup>I am male with waist of 40" or more or, <sup>2</sup> female with waist of 35" inches or more (at the belly button, while standing, with abdomen relaxed; pants size is *not* accurate).

My height in inches, without shoes: \_\_\_\_\_ My weight, without shoes: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_





## **Informed Consent for Engaging in an Exercise Program**

I, \_\_\_\_\_, agree to disclose to my Health Education Consultant any known limitations, condition, illness, or injury that could adversely affect my safety while participating in an exercise or fitness program. I currently have no medical condition, musculoskeletal injury or pain, or physical or cognitive limitation that would make it unsafe to participate in an exercise program. No physician has advised that I am to avoid exercise or that I am to follow certain precautions, restrictions or conditions when exercising due to a specific medical condition. I understand that I am not to participate in any activity that my physician says would not be safe for me. I agree to employ every means available to help ensure my safety while exercising. For example, if I decide to use exercise equipment, it is my responsibility to ensure that the equipment is in good working condition. Also, I am to apply proper guidelines for technique in performing an exercise, and to progress at a safe pace.

I understand that there are risks incurred while exercising that may lead to heart disorders which may include abnormal heart rhythms, abnormal elevations or drops in blood pressure and, in very rare instances, a heart attack, stroke or some other life-threatening problem. There is also some possibility of physical injury to bone, muscle, ligament, or tendons.

I understand that I am to stop exercising and consult with my physician and/or call 911 if I develop symptoms of light-headedness, dizziness, difficulty breathing, chest/shoulder/neck/jaw pain or pain radiating to the back during or following an exercise session.

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Signature of participant

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Date

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HI Dept. representative's signature

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Date

Name (print)

DOB (mm/dd/yy)

Today's Date (mm/dd/yy)

**Health and Performance Survey**

**Exercise Habits** - write in the number

**4 Types of Exercise**

Days per week you engage in each type

Average number of minutes per week, each type

**Aerobic** - Swim, jog, cycle, walk fast . . .

**Strength** - Weights, machines, rubber bands . . .

**Stretching, Range of Motion**

**Skilled Movement** - Activity that requires agility, balance, coordination - e.g., dance, tennis, martial arts

**Fitness & Health** - Select the one best answer.

My overall health	Excellent	Very Good	Good	Fair	Poor	
My stress level	Low	Medium	High	Extreme		
Work days missed for injury or illness last 12 mos.	0	1-3	4-5	6-9	10-15	16+

**Alcohol Use**

Abstain Occasional Light Moderate Above-moderate

**Occasional** = Light and infrequent alcohol consumption on special occasions

**Light** = 12 oz beer; or 5 oz wine, or 1.25 oz of 100 proof per day

**Moderate** = 24 oz beer; or 10 oz wine, or 2.5 oz 100 proof per day

Mark an X in each rectangle below to indicate your activity level

Active and fit      Somewhat active      Inactive

Childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Tobacco Use**

Number of pack years (multiply average number of packs per day by the number of years you smoked)

Check boxes to the left of each item that describes you today -

Occasional cigar     Frequent cigar smoker     Chew tobacco     Have not smoked in the past year

**Life Themes**

	Yes	Somewhat	No		Yes	Somewhat	No
I value the spiritual dimension of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I apply my talents in the voluntary service of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a satisfying spiritual life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	My work consumes no more time than it should.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a close, trusted friend whom I see regularly, whom I enjoy, and with whom I can be open and honest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I take sufficient time for enjoyable recreation that restores my energy and renews my spirit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get sufficient time & quality time with the special people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I get 7-9 hours of sleep per night and awaken rested.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work is satisfying and consistent with my abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	My life is right where I would like it to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Biometrics, Labs**

Height, without shoes \_\_\_\_\_ Wt, without clothes \_\_\_\_\_

My typical blood pressure is

My waist measurement at the belly button, tape level, my abdomen relaxed

My total cholesterol is

<20"   20 - 25"   25 - 29"   30-34"   35-39"   40-44"   >=45"

Males only -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Females only -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My fasting blood sugar is  Last HbA1c

On diabetes, heart, blood pressure or cholesterol meds?

**What I Eat - Servings per day**

0 <1 1-2 3-4 5-6 7+

Vegetables-raw, cooked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruits, 100% juices, berries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans, legumes, nuts, seeds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100% whole grain foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed breads, pasta, rice, cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk and cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Servings per week**

0 <1 1-2 3-4 5-6 7+

Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poultry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee, tea, soft drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red or processed meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desserts and sweets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretzels, chips, crackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast food meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>