



Questionnaire to be filled before physical exercise therapy

Name and surname (as written in passport):	Date:	
Contact telephone:	Date of birth:	
E-mail address:	Age (years):	
Do you suffer from a congenital heart defect?	Yes	No
Do you have / have you ever had any complaints about your heart function?	Yes	No
Have you ever had any kind of heart or heart vascular surgery or intervention?	Yes	No
If yes, please specify its' character and the date?		
Have you ever experienced any heart rhythm impairment?	Yes	No
Do you have an implanted electric cardiac stimulator or cardioverter?	Yes	No
Do you have a heart transplant?	Yes	No
Have you ever had any complaints about increased blood pressure?	Yes	No
If yes: Have you been diagnosed with hypertension (high blood pressure)?	Yes	No
Are you currently on medications to lower high blood pressure?	Yes	No
Are you short of breath when under at least minimal physical load (e.g.: walking up stairs, doing ordinary everyday tasks in the home, walking faster, etc.)?	Yes	No
Have you been diagnosed with any lung disease?	Yes	No
If yes, please specify its character and the date?		
Have you ever been examined / tested for the glucose tolerance impairment?	Yes	No
Have you been diagnosed with pre-diabetic condition or diabetes mellitus?	Yes	No
If yes: Are you on medications?	Yes	No
Do you monitor your blood sugar level every day?	Yes	No
Do you have / have you ever had any complaints about impaired bladder emptying?	Yes	No
Have you ever been diagnosed with a kidney disease?	Yes	No
If yes, please specify the character and the date?		
Do you have / have you ever had any complaints about your digestive system function?	Yes	No
Have you ever been diagnosed with a liver disease?	Yes	No
If yes, please specify its character and the date?		
Have you been diagnosed with an oncologic disease?	Yes	No
If yes, please specify its character and the date?		
Was medication and/or radiation therapy applied?	Yes	No
If yes, please specify the date?		
Have you ever had your one or both legs swollen?	Yes	No
Have you been diagnosed with the inflammation of leg veins (surface or deep ones)?	Yes	No
Have you been diagnosed with deep veins thrombosis?	Yes	No
Do you feel muscle pain or cramps at rest or under a minimal physical load (when walking short distances, riding a bicycle, etc.)?	Yes	No
Do you feel joint, bone or spinal pain at rest or under minimal physical load (when walking short distances, riding a bicycle, etc.)?	Yes	No
Do you feel any anxiety or doubt about your safety when under physical load?	Yes	No
If yes, please specify what you are anxious about?		
Are you currently on medications?	Yes	No
If yes, please specify which medicines you take and how long?		
Do you smoke currently, or have you dropped smoking within the past 6 months?	Yes	No
Did anybody in your family died suddenly from a heart disease or have heart surgery by the age of 55 (father, brother) or 65 (mother, sister)?	Yes	No
Have you ever been prescribed a limit or absolute rule out of physical load?	Yes	No
If yes, please specify the date and reason?		
Are you physically passive (i.e. you do not reach at least a 30 min. medium intensity physical activity at least 3 times a week)?	Yes	No
Have you ever taken a physical load sample (veloergometry/spiroveloergometry) test?	Yes	No
If yes, please specify whether the testing was stopped due to your health condition?	Yes	No
Have you ever been diagnosed with epilepsy?	Yes	No
A question to women: Are you pregnant?	Yes	No



Have you experienced any of the following symptoms during the last year:		
Pain (tightness) or discomfort (or other angina equivalent) in the chest, neck, jaw, arms, or other areas that may result from ischemia	Yes	No
Shortness of breath or difficulty breathing at rest or with mild exertion (dyspnea)	Yes	No
Orthopnea (dyspnea in a reclined position) or paroxysmal nocturnal dyspnea (onset is usually two to five hours after the beginning of sleep)	Yes	No
Ankle edema	Yes	No
Palpitations or tachycardia	Yes	No
Intermittent claudication (pain sensations or cramping in the lower extremities associated with inadequate blood supply)	Yes	No
Known heart murmur	Yes	No
Unusual fatigue or difficulty breathing with usual activities	Yes	No
Dizziness or syncope , most commonly caused by reduced perfusion to the brain	Yes	No
Acute myocardial infarction, acute thrombosis, recent surgery within 1 month.	Yes	No

Other information:	
Heightcm
Weightkg
Special diet or allergies	
Other diagnoses not previously mentioned	
Medication	
Are you interested in physiotherapy in water (in swimming pool or lake)?	
Do you want a psychologist consultation and practice?	
What are your expectations/goals in the program?	
Are you interested in sightseeing around Paliesius mansion?	