



**GENERAL & MEDICAL QUESTIONNAIRE**

<b>Occupational Questions</b>		<b>Yes</b>	<b>No</b>
<b>1</b>	What is your current occupation? _____		
<b>2</b>	Does your occupation require extended periods of sitting?		
<b>3</b>	Does your occupation require extended periods of repetitive movements? (If yes, please explain.) _____		
<b>4</b>	Does your occupation require you to wear shoes with a heel (dress shoes)?		
<b>5</b>	Does your occupation cause you anxiety (mental stress)?		
<b>Recreational Questions</b>		<b>Yes</b>	<b>No</b>
<b>6</b>	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.) _____ _____		
<b>7</b>	Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.) _____ _____		
<b>Medical Questions</b>		<b>Yes</b>	<b>No</b>
<b>8</b>	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.) _____ _____		
<b>9</b>	Have you ever had any surgeries? (If yes, please explain.) _____ _____		
<b>10</b>	Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.) _____ _____		
<b>11</b>	Are you currently taking any medication? (If yes, please list.) _____ _____ _____		

**IMPORTANT:** Please email us copy of this form at [info@mastermoves.com](mailto:info@mastermoves.com)



RISK STRATIFICATION ASSESSMENT

Client name:

Date of birth:

Date:

Please answer the following questions the the best of your knowledge:

Yes No

1	Has there been a heart attack or sudden death in your family before age 55 (father, brother or son) or age 65 (mother, sister or daughter)?		
2	Are you a current smoker or quit within previous six months?		
3	Have you been diagnosed with systolic blood pressure 140mmhg or above, or diastolic of 90mmhg of above, on at least two occasions?		
4	Do you have total serum cholesterol of more than 5.2mmol/L, or LDL more than 3.4mmol/L, or HDL less than 1.3mmol/L?		
5	Is your BMI 30kg/m <sup>2</sup> of above?		
6	Are you sedentary?		
7	Is your impaired fasting glucose: 100mg/dl or more?		
		Sub-total number of 'Yes' answers:	
		Is your HDL level above 1.6mmol/L? If Yes, subtract 1 from the total above:	
		Total number of 'Yes" answers:	

L	Low Risk - Men >45: women >54 and no more than 1 'Yes' answers.
M	Moderate Risk - Men >44: women >54 or 2 of more 'Yes' answers.
H	Men and women with known cardiovascular, pulmonary or metabolic disease.