UQ Healthy Living

The University Of Queensland
AUSTRALIA

I require assistance completing this form ☐

## Pre-Attendance Information

Surname: _____ First name: _____

Date of birth : _____

Please return your form to *uqhealthyliving@uq.edu.au* and a staff member will contact you to arrange an Intake Assessment appointment.

| Please tick your primary reason/s for attendance | | Additional information |
|---|---|---|
| Musculoskeletal injury | ☐ | |
| Heart health (i.e. high blood pressure) | ☐ | |
| Recent hospital discharge | ☐ | |
| Manage health conditions | ☐ | |
| Physical activity and exercise | ☐ | |
| Nutrition and diet | ☐ | |
| Manage weight (under/over) | ☐ | |
| Maintain independence in daily activities | ☐ | |
| Memory health | ☐ | |
| Social connectedness | ☐ | |
| Mental wellbeing | ☐ | |
| Manage pain | ☐ | |
| Balance | ☐ | |
| Prevent falls | ☐ | |
| Other - please specify | | |

Do you use walking aids in or outside the home? Yes ☐ No ☐

If so, what do you use? _____

# ADULT PRE-EXERCISE SCREENING SYSTEM (APSS)

This screening tool is part of the Adult Pre-Exercise Screening System (APSS) that also includes guidelines (see User Guide) on how to use the information collected and to address the aims of each stage. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise & Sport Science Australia, Fitness Australia, Sports Medicine Australia or Exercise is Medicine for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this system.

Full Name:

Date of Birth: Male: ☐ Female: ☐ Other: ☐

## STAGE 1 (COMPULSORY)

**AIM:** To identify individuals with known disease, and/or signs or symptoms of disease, who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death to an individual.

This stage may be self-administered and self-evaluated by the client. Please complete the questions below and refer to the figures on page 2. Should you have any questions about the screening form please contact your exercise professional for clarification.

| *Please tick your response* | YES | NO |
|---|---|---|
| 1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke? | | |
| 2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise? | | |
| 3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise? | | |
| 4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | | |
| 5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months? | | |
| 6. Do you have any other conditions that may require special consideration for you to exercise? | | |

**IF YOU ANSWERED 'YES'** to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

**IF YOU ANSWERED 'NO'** to all of the 6 questions, please proceed to question 7 and calculate your typical weighted physical activity/exercise per week.

7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. For intensity guidelines consult figure 2.

| **Intensity** | **Light** | **Moderate** | **Vigorous/High** |
|---|---|---|---|
| **Frequency** (number of sessions per week) | | | |
| **Duration** (total minutes per week) | | | |

**Weighted physical activity/exercise per week**

Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)

**TOTAL =** **minutes per week**

- If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly.
- If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels.
- It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results.

I believe that to the best of my knowledge, all of the information I have supplied within this screening tool is correct. Client signature: Date:

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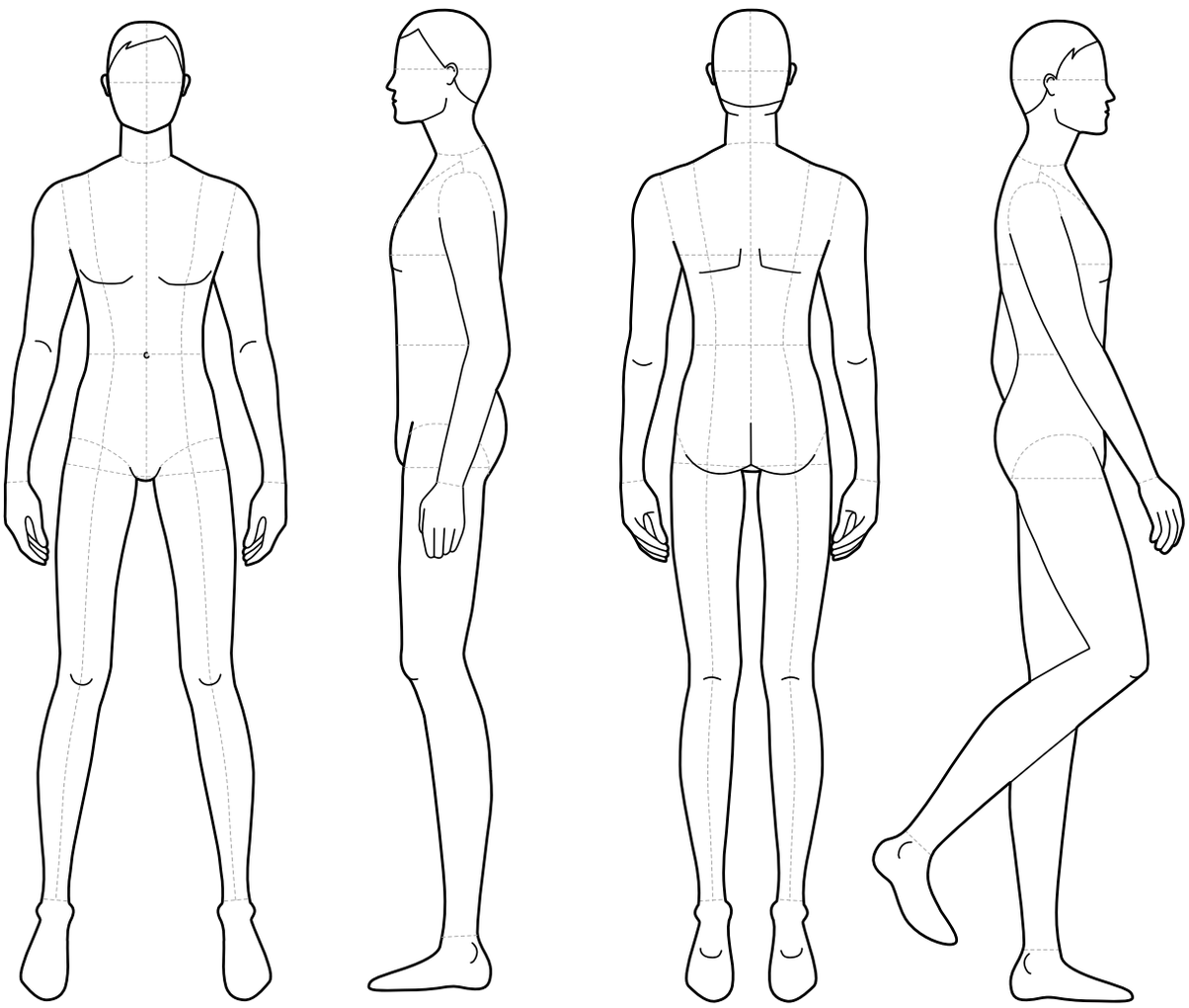
## Body Chart

Please place an X on any areas of your body where you feel pain or discomfort, at rest or with exercise (if applicable):



Alternatively, you can make notes below:

Your clinician will ask you for further details regarding the above body chart during your Intake Assessment.

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## Medical history

Please advise us of any medical conditions that you may have. Fill in the below ***or*** attach a health summary and current medication list from your medical practitioner.

*I have attached documentation from my GP* ☐

| **Cardiovascular conditions** | **Yes or No** | **Comments (dates and details if known)** |
|---|---|---|
| Chest pain | Y ☐ N ☐ | |
| High blood pressure | Y ☐ N ☐ | |
| Low blood pressure | Y ☐ N ☐ | |
| High cholesterol | Y ☐ N ☐ | |
| Heart attack | Y ☐ N ☐ | |
| Heart failure | Y ☐ N ☐ | |
| Arrhythmias (e.g. atrial fibrillation) | Y ☐ N ☐ | |
| Heart valve problems | Y ☐ N ☐ | |
| Pacemaker or defibrillator | Y ☐ N ☐ | |
| Other heart conditions | Y ☐ N ☐ | |
| Heart surgery | Y ☐ N ☐ | |
| Stroke | Y ☐ N ☐ | |
| Peripheral vascular disease | Y ☐ N ☐ | |
| **Respiratory conditions** | | |
| Asthma | Y ☐ N ☐ | |
| COPD (including emphysema/ chronic bronchitis) | Y ☐ N ☐ | |
| Bronchiectasis | Y ☐ N ☐ | |
| Cystic fibrosis | Y ☐ N ☐ | |
| Interstitial lung disease | Y ☐ N ☐ | |
| Pulmonary hypertension | Y ☐ N ☐ | |
| Recent pneumonia | Y ☐ N ☐ | |
| Other respiratory conditions | Y ☐ N ☐ | |
| Do you have oxygen at home? | Y ☐ N ☐ | |

| | | |
|---|---|---|
| **Endocrine conditions** | | |
| Diabetes | Y ☐ N ☐ | |
| Thyroid condition | Y ☐ N ☐ | |
| Other endocrine condition | Y ☐ N ☐ | |
| **Neurological conditions** | | |
| Epilepsy | Y ☐ N ☐ | |
| Multiple sclerosis | Y ☐ N ☐ | |
| Parkinson's disease | Y ☐ N ☐ | |
| Peripheral neuropathy | Y ☐ N ☐ | |
| Cerebral palsy | Y ☐ N ☐ | |
| Other neurological condition | Y ☐ N ☐ | |
| **Musculoskeletal conditions** | | |
| Osteoarthritis | Y ☐ N ☐ | |
| Rheumatoid arthritis | Y ☐ N ☐ | |
| Other arthritis | Y ☐ N ☐ | |
| Osteoporosis or osteopenia | Y ☐ N ☐ | |
| Fractured bones | Y ☐ N ☐ | |
| Recent injury | Y ☐ N ☐ | |
| Other musculoskeletal conditions | Y ☐ N ☐ | |
| **Gastrointestinal conditions** | | |
| Irritable bowel syndrome | Y ☐ N ☐ | |
| Ulcerative colitis | Y ☐ N ☐ | |
| Crohn's disease | Y ☐ N ☐ | |
| Other GI condition | Y ☐ N ☐ | |
| **Mood and mental health** | | |
| Depression | Y ☐ N ☐ | |
| Anxiety | Y ☐ N ☐ | |
| Other mental health condition | Y ☐ N ☐ | |
| | | |

| | | |
|---|---|---|
| **Surgery** | Y ☐ N ☐ | (Please list surgical procedures had) |
| | | |
| | | |
| | | |
| **Other health conditions** | | |
| Cancer | Y ☐ N ☐ | |
| Kidney condition | Y ☐ N ☐ | |
| Liver condition | Y ☐ N ☐ | |
| Eye condition | Y ☐ N ☐ | |
| Unplanned weight loss | Y ☐ N ☐ | |
| Other medical condition | Y ☐ N ☐ | |
| | | |
| **Do you currently smoke?** | Y ☐ N ☐ | (If yes, how many a day? For how long?) |
| | | |

Please list any health professionals involved in your care:

**General Practitioner (GP)**

Name: Practice:

**Specialist(s)**

Name: Practice:

**Allied Health**

Name: Practice:

**Other:**

Name: Practice:

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## Medications

Please list in the space below any medications you are currently taking. Include non-prescribed medicines such as vitamins.

*I have attached a medication list from my GP* ☐

| Medicine | Dose | When or how often do you take this medicine? (e.g. morning only) | What condition do you take this medication for? (e.g. pain, heart-related) |
|---|---|---|---|
| | | | |
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# UQ Healthy Living Consent

| | | |
|---|---|---|
| **Last Name:** | **First Name:** | **Client No:** |
| **Date of Birth:** | **Gender:** **Female** ☐ **Male** ☐ | **Unspecified** ☐ |
| **Phone 1:** | **Phone 2:** | |
| **Email:** | **Address:** | |
| **Spouse/Carer Name (if applicable):** | | |
| **Spouse/Carer Phone:** | | **Email:** |
| **Name of person or organisation responsible for invoice payment:** | | |
| **Condition or area of injury (to be completed by UQ Staff/Student):** | | |
| **How did you find out about this clinic?** | | |

**My signature (below) indicates that I fully understand and agree to the following conditions and give the following permissions:**

• I hereby grant The University of Queensland Healthy Living ('UQHL') permission to render assessment and/or therapy services to me.

• I understand that services rendered in the UQ Healthy Living maybe provided by students in UQ's Faculty of Health and Behavioural Sciences under the supervision of qualified Clinicians.

• I understand that as students are undertaking clinical placements in the UQ Healthy Living Clinics it may be necessary for my clinic file and the information contained therein and other personal information (including mine and that of other specified Spouse/Carer/Guardians) to be shared with other UQ staff, students and third party service providers in relation to my care, the assessment of students and the administration of the UQ Healthy Living Clinics' services and I consent to this.

• I understand that staff and students providing services are required to adhere to professional ethical standards and the Information Privacy Principles in the Information Privacy Act 2009 (Qld).

• I acknowledge that I am responsible for the consequences of any decisions to accept or reject advice and/or therapy for my care.

• I consent to UQ using my de-identified information for other teaching purposes and for research and to share it with third parties involved in such research (such as staff and students of other universities and industry participants).

• I consent to UQ staff and students using my information and that of other specified Spouse/Carer/Guardians for the purpose of identifying potential participants for future research projects and for communication in relation to possible participation. I understand this does not in any way oblige me to participate in such research projects.

**Request for permission to use of recording devices for clinical and educational purposes**

• I consent to the UQ Healthy Living Clinics making audio and video recordings and taking photos of me during assessment and therapy sessions for the purpose of providing the services and training the students involved and to them sharing those recordings and photos with staff, students and third party service providers in relation to my care, the assessment of the students and the administration of the UQ Healthy Living Clinics' services in relation to my assessment and therapy.

**Please indicate:** **YES** ☐ **NO** ☐

I understand I can withdraw this consent by giving UQ written notice.

**Do you consent to receiving email from UQHL?**

These may include announcements and news related to the facility and its services, invitations to our events and health promotions. I understand my email address will not be sold on to a third party.

**Please indicate:** **YES** ☐ **NO** ☐

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# UQ Healthy Living Terms and Conditions

## TERMS AND CONDITIONS

Please read the following Terms and Conditions carefully. It is your responsibility to familiarise yourself with the undermentioned conditions and once signed, we will assume that you have read and understood these.

1. Each client/participant must complete all required documentation, i.e.; New Client Registration/Consent Form & Medical History/Medications Form and agree to follow the direction of UQ Healthy Living staff in their recommendation of an appropriate program developed collaboratively for your individual needs.
2. An individual health assessment is required prior to commencement of participation in group sessions at UQ Healthy Living. This assessment may be eligible for a health fund rebate.
3. UQ Healthy Living welcomes referrals from a medical practitioner or other health professional.
4. Exercise group participants agree to inform UQ Healthy Living staff of any change in their health status (not already stated on the Medical and Health History Questionnaire) which may increase their risk of injuring themselves through participation in a UQ Healthy Living exercise program.
5. Participants who have been absent for 8 weeks or more, have had surgery, or have been seriously ill, must have a re- assessment prior to re- entry into classes.
6. Clearance from your medical practitioner or health professional is required prior to gaining access into Cardiac /Pulmonary Rehabilitation class or where is required to complete more than light intensity exercise at UQ Healthy Living.
7. Exercise group participants agree to stop exercising and inform UQ Healthy Living staff if they experience any condition such as chest pain, left arm, jaw pain, faintness, dizziness, vertigo, nausea, severe fatigue, palpitations, musculoskeletal pain, sudden headaches, confusion, and disorientation.
8. Pre-booking of all exercise sessions is essential, and participants must notify Reception if you are unable to attend a session. Failure to advise of non-attendance without 24 hrs notice will result in the loss of that session, unless unforeseen circumstances prevent this. i.e. acute onset of symptoms of illness. Failure of a member to attend his or her preferred booked time slot for three consecutive sessions, with no fore-advised reason, will see his or her allocation to that timeslot cancelled and allocated to another participant on the waiting list.
9. A Cooling off Period of 48 hours applies from the date of signing this agreement. This does not include Assessment costs incurred.
10. Participants are entitled to terminate the Agreement at any time, and fees will be refunded pro rata.
11. UQ Healthy Living reserves the right to terminate Participant Agreements for failure to follow directions, misconduct, inappropriate behaviour and bullying of other members or staff.

**I agree to the Terms and Conditions stated above:**

**DATE**

**CLIENT NAME** **SIGNATURE**

**Please return to UQ Healthy Living either in person or via email. A staff member will then contact you to arrange your Intake Assessment appointment.**

**T** +61 7 3443 2586
**E** uqhealthyliving@uq.edu.au
Level 3, Centra 37 Archer Street, Toowong QLD 4066
**uqhealthyliving.org.au**

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# REQUEST FOR PATIENT RECORD

Date:

**TO**

Doctor's Name:

Clinic:

Fax Number: No of Pages: of

From: UQ HEALTHY LIVING

Please note the information contained in this fax is confidential and may be legally privileged. It is intended for receipt only by the stated addressee. Any use, disclosure, copying, distribution of this facsimile or any information contained therein is prohibited. Please advise us immediately if this communication was received in error. Thank you.

Patient Name: Date of Birth:

As the above patient has now registered with this health clinic could you please forward a Full Health Summary along with any additional relevant information which may help with their ongoing care (recent pathology, medical imaging reports, specialist letters, GPMP, MHCP).

Your assistance in this matter is greatly appreciated.

## PATIENT'S AUTHORISATION

I am now attending the above clinic and would like my records to be provided. I hereby give written permission for their release.

Patient's Signature:

Date:

**T** +61 7 3443 2586
**E** uqhealthyliving@uq.edu.au
Level 3, Centra 37 Archer Street, Toowong QLD 4066
**uqhealthyliving.org.au**

# PARTICIPANT INFORMATION SHEET

| | |
|---|---|
| PROJECT TITLE: | UQ Healthy Living - Establishing a data registry for a multidisciplinary community health service for people over 50 years of age |
| INVESTIGATORS: | Dr Sjaan Gomersall (s.gomersall1@uq.edu.au) [1]<br>Dr Megan Ross (m.ross@uq.edu.au) [2]<br>Professor Trevor Russell (t.russell@uq.edu.au) [2]<br>Professor Nancy Pachana (n.pachana@psy.uq.edu.au)[3]<br>Dr Melanie Hoyle (m.hoyle@uq.edu.au) [4]<br>Dr Pia Wohland (p.wohland@uq.edu.au) [5]<br>Brad McGregor (b.mcgregor@uqhealthcare.org.au) [6] |
| AFFILIATIONS: | [1] School of Human Movement and Nutrition Sciences, The University of Queensland<br>[2] RECOVER Injury Research Centre, The University of Queensland<br>[3]Director, Health Aging Initiative, The University of Queensland<br>[4]School of Health and Rehabilitation Sciences, The University of Queensland<br>[5] School of Earth and Environmental Sciences, The University of Queensland<br>[6] UQ Healthy Living, UQ Healthcare |

## PURPOSE OF THE STUDY

The purpose of this study is to establish a UQ Healthy Living data registry for future research. What this means is that with your consent, data that are collected from you as part of your standard clinical care at UQ Healthy Living will be stored and with further ethical approval, may be used or linked with other data sets (e.g. hospital and health service data) to answer important research questions. Examples of the types of data that will be stored and could be used in future research include your demographic and medical characteristics, your attendance at UQ Healthy Living, responses to questionnaires and physical measures and information from your exercise on the HUR and Lode gym equipment. Importantly, any future research will use only de-identified data, which means the researchers will not have any identifying information (such as name, contact details, address).

## WHAT IS INVOLVED?

If you decide you would like your data to be included in the registry, you will need to sign a consent form. Once you have done this, there is nothing else that you will be required to do. Data that are collected from you as part of your standard care at UQHL will be stored in the standard clinical databases at UQHL. This includes all data collected at UQHL, including those collected before you provided consent if you are not a new client. Future approved projects may access your de-identified

data from a secure database which is hosted on a University of Queensland server. Researchers with specific research questions will have to apply for ethics approval to access these data and will be required to comply with the research governance associated with the data registry and for their specific project. Only data specific to the research question will be provided for future research and all data provided to the approved research team will be in de-identified form (e.g. no name, contact details or address).

**PARTICIPATION AND WITHDRAWAL**

Your participation in this study is entirely voluntary and you are free to withdraw at any time without prejudice or penalty. If you wish to withdraw, simply state this by informing your clinician, the Clinical and Operations Manager or administrative staff. If you choose to withdraw, your data will no longer be included in the data registry. It is important to understand that any data provided to research projects up to the point of withdrawal will not be able to be withdrawn, however your data will not be provided for any new projects after withdrawal. Your decision to participate will have no bearing on the services or care that you will receive from UQ Healthy Living.

**RISKS**

Participation in this data registry project should involve no risks beyond those of everyday living or those encountered as part of your standard care at UQ Healthy Living.

**BENEFITS**

There will be no direct benefit to you as an individual for participating in this project. Your participation will provide us with an opportunity to answer future research questions that have the potential to inform our understanding of healthy aging, lifestyle programs and to evaluate and continually improve the service at UQ Healthy Living. You may benefit from future attendance that reflect these service improvements.

**CONFIDENTIALITY**

Your data will be kept confidential. In future research projects that may involve your data, your data will be deidentified before sending to the researchers (they will not receive your name or any identifying information). It is expected that some findings will be published in academic journals and presented at conferences, however, no potentially identifying information will be disclosed at any time.

**ETHICAL CLEARANCE**

This study adheres to the Guidelines of the ethical review process of Queensland Health and The University of Queensland and in accordance with the *National Statement on Ethical Conduct in Human Research*. If you would like to speak to an officer of the University or Queensland Health not involved in the study, you may contact the Ethics Coordinators on 3365 3924 (UQ) or email humanethics@research.uq.edu.au.

**FURTHER INFORMATION AND WHO TO CONTACT**

The person you may need to contact will depend on the nature of your query. If you want any further information concerning this project, or if you have any questions related to your involvement in the project, you can contact any member of the project team listed above.

**CLINICAL CONTACT PERSON**

For matters relating to research at the site at which you are participating, the local site contact person is Mr Brad McGregor, Clinical & Operations Manager and Accredited Exercise Physiologist. They can be contacted by email (b.mcgregor@uqhealthcare.org.au) or on 07 3443 2586.

**COMPLAINTS CONTACT PERSON**

This study adheres to the Guidelines of the ethical review process of The University of Queensland and the National Statement on Ethical Conduct in Human Research. Whilst you are free to discuss your participation in this study with the researcher contactable on s.gomersall1@uq.edu.au if you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Coordinator on +617 3365 3924 / +617 3443 1656 or email humanethics@research.uq.edu.au

Thank you for considering your participation in this study.

# PARTICIPANT CONSENT FORM

| | |
|---|---|
| PROJECT TITLE: | UQ Healthy Living - Establishing a data registry for a multidisciplinary community health service for people over 50 years of age |
| INVESTIGATORS: | Dr Sjaan Gomersall (s.gomersall1@uq.edu.au) [1]<br>Dr Megan Ross (m.ross@uq.edu.au) [2]<br>Professor Trevor Russell (t.russell@uq.edu.au) [2]<br>Prof Nancy Pachana (n.pachana@psy.uq.edu.au)[3]<br>Dr Melanie Hoyle (m.hoyle@uq.edu.au) [4]<br>Dr Pia Wohland (p.wohland@uq.edu.au) [5]<br>Brad McGregor (b.mcgregor@uqhealthcare.org.au) [6] |
| AFFILIATIONS: | [1] School of Human Movement and Nutrition Sciences, The University of Queensland<br>[2] RECOVER Injury Research Centre, The University of Queensland<br>[3]Director Health Aging Initiative The University of Queensland<br>[4]School of Health and Rehabilitation Sciences, The University of Queensland<br>[5] School of Earth and Environmental Sciences, The University of Queensland<br>[6] UQ Healthy Living, UQ Healthcare |

This statement confirms that I have read and understood the Participant Information Sheet and that any questions I had have been sufficiently answered by the researchers. Specifically (tick those that apply):

☐ I consent for data that are collected about me being included in the UQ Healthy Living Data registry

☐ I consent to my data in the registry being used in projects that involve linking my data with other data sources (e.g. hospital and health services)

☐ I consent to being contacted by UQ Healthy Living for future research opportunities

_____ (Name) _____ (Signature) _____ (Date)