

CSEP-PATH CLIENT INFORMATION SHEET

Date (dd/mm/yr):

Qualified Exercise Professional:

Client Information			
Name:	Email address:		
Age (years):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Telephone:

Emergency Contacts	
Physician:	Telephone:
Next of Kin:	Telephone:

Health Screening and Consent			
<input type="checkbox"/> AAL-Q completed	<input type="checkbox"/> NA	<input type="checkbox"/> Issues identified:	
<input type="checkbox"/> PAR-Q+ completed, signed	<input type="checkbox"/> All NO	<input type="checkbox"/> Page 2/3 All NO	
<input type="checkbox"/> PAR-Q+ witnessed	<input type="checkbox"/> YES page 1 #_____	<input type="checkbox"/> Page 2/3 YES:	
<input type="checkbox"/> PARmed-X for Pregnancy	<input type="checkbox"/> Observations	<input type="checkbox"/> Pregnancy (ask all females) <input type="checkbox"/> Difficulty breathing at rest <input type="checkbox"/> Followed preliminary instructions	<input type="checkbox"/> Illness or fever <input type="checkbox"/> Lower extremity swelling <input type="checkbox"/> Persistent cough
<input type="checkbox"/> Referral: <input type="checkbox"/> CSEP-CEP <input type="checkbox"/> Physician			
<input type="checkbox"/> Informed Consent completed, signed, witnessed			
<input type="checkbox"/> Resting Heart Rate (RHR)	RHR (15 sec): RHR (15 sec):	RHR (bpm): RHR (bpm):	<input type="checkbox"/> 1 st RHR > 99 <i>Wait 5 min, re-measure</i> <input type="checkbox"/> 2 nd RHR > 99 <i>Refer to physician</i>
<input type="checkbox"/> Resting Blood Pressure	SBP (mmHg): SBP (mmHg):	DBP (mmHg): DBP (mmHg):	<input type="checkbox"/> 1 st SBP > 144 or DBP > 94 <i>Wait 5 min, re-measure</i> <input type="checkbox"/> 2 nd SBP > 144 or DBP > 94 <i>Refer to physician</i>
<input type="checkbox"/> Physician Physical Activity Clearance provided <input type="checkbox"/> Physician Physical Activity Clearance returned, signed		Tools and Handouts provided: <input type="checkbox"/> Stages of Change Questionnaire <input type="checkbox"/> Inventory of Lifestyle Needs and Activity Preferences <input type="checkbox"/> CSEP-PATH Evaluation Summary Report <input type="checkbox"/> Barriers to Physical Activity <input type="checkbox"/> Decision Balance Worksheet <input type="checkbox"/> First Step Planning Worksheet	
		<input type="checkbox"/> Alternatives for Action Worksheet <input type="checkbox"/> Goal Setting Worksheet <input type="checkbox"/> Weekly Activity Planner & Log <input type="checkbox"/> Relapse Planning Worksheet <input type="checkbox"/> <i>Canadian Physical Activity Guidelines</i> <input type="checkbox"/> <i>Canada's Food Guide</i> <input type="checkbox"/> Other, specify:	

Physical Activity and Lifestyle Assessment				
<input type="checkbox"/> PASB-Q completed	Aerobic Activity	Strength Activity	Perceived Aerobic Fitness:	Sedentary behavior
	(m/wk):	(#/wk):		
	HBR:	HBR:		(h/day):
				HBR:
<input type="checkbox"/> FANTASTIC Lifestyle Checklist	Score:	Noted Items:		
	HBR:			

Body Composition Assessment	
Weight (kg):	BMI (kg/m ²): <i>[BMI = weight (kg) / height² (m)]</i>
Height (cm):	Waist Circumference (cm):
	BMI Health Risk Category:
	Combined BMI-WC Health Risk Category:

Aerobic Fitness Assessment		
Aerobic Fitness Test Used	85% Predicted HRmax: <i>[HRmax = .85(220-age)]</i>	Predicted VO ₂ max: <i>VO₂max (ml·kg⁻¹·min⁻¹)</i>
<input type="checkbox"/> mCAFT	HR peak (bpm):	HBR:
<input type="checkbox"/> Treadmill Walking	RPE peak:	
<input type="checkbox"/> One Mile Walk		
<input type="checkbox"/> Cycle Ergometer		

Musculoskeletal Fitness Assessment				
<input type="checkbox"/> Grip Strength	Right hand 1 (kg):	Left hand 1 (kg):	Combined max (kg):	HBR:
	Right hand 2 (kg):	Left hand 2 (kg):		
<input type="checkbox"/> Push-ups	# completed:			HBR:
<input type="checkbox"/> Sit and Reach	Trial 1 (cm):	Trial 2 (cm):	Max (cm):	HBR:
<input type="checkbox"/> Vertical Jump	Stand-reach (cm):	Jump height = maximum jump height – stand-reach (cm):		
	Jump 1 (cm):	Peak Leg Power (watts) = [(60.7 x jump height (cm) + (45.3 x body mass (kg)) – 2055 =		
	Jump 2 (cm):	HBR:		
	Jump 3 (cm):			
<input type="checkbox"/> Back Extension	Time (secs):			HBR:
<input type="checkbox"/> One Leg Stance	Eyes open - left (sec)	Eyes closed - left (sec)	Eyes open	Eyes closed
	Eyes open - right (sec)	Eyes closed - right (sec)		
	Best time (sec):	Best time (sec):	<input type="checkbox"/> Below mean	<input type="checkbox"/> Below mean