MORRIS
Cardiovascular and Risk Reduction Center

ASSESS FOR SUCCESS

The Assess for Success Fitness Program is a health program that has been established by Mahogany, our senior Exercise Science intern student from Virginia Commonwealth University, and overseen by our Exercise Physiologist, Alyssa. The purpose of the program is to be able to provide some general stretches or movements that would benefit many of the individuals in our Morris Cardio Family. The program includes a general assessment, education of some general stretches we believe you would benefit from, personal follow-up calls, and potentially some in-person visits to go over your stretches.

This program has been established for low-moderate risk individuals. This program is not designed to cure any injuries or conditions. If you are currently experiencing severe pain from an injury, or have had a recent injury, you will not qualify for this program and we highly recommend you see an orthopedic doctor. This is not a physical therapy program. Neither Mahogany, nor Alyssa, are physical therapists, their role is exclusively to provide general healthy stretching techniques. If you have additionally received an exercise prescription from one of our exercise physiologists, this stretching outline is intended to complement this prescription.

If you would like to be considered for this program please complete the following intake forms. If you have questions as to whether you would qualify please consult one of the Morris Cardio exercise physiologists, you may additionally send an email to Alyssa@morriscardio.com, or call the office at (804) 530-1044. Please additionally notate all additional information you may believe to be important at the "Additional Notes" section at the end of this packet.

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AGREEMENTS

Initial

I understand this is not a rehab or physical therapy program, and any questions I have in this regard have been answered by the appropriate staff member. _____

I understand one of the individuals who will be explaining stretches to me is a student and is not yet certified in any capacity. _____

I understand this student is being overseen at all times by the Morris Cardio Exercise Physiologist. _____

I understand this is an entirely voluntarily program and my participation, or lack or participation, does not and will not reflect in any capacity, the quality of my medial treatment at any time. _____

I understand this is a non-commitment program, and I may stop at any time I wish for any reason. _____

By submitting this profile I am stating, on my honor, that I do not presently have any injuries. _____

I certify all information I have provided is true and accurate to the best of my ability and if any of my history or information I have provided changes at any time I must inform the appropriate staff member in writing immediately.

_____

Printed Name

_____ _____

Signature Date

FOR OFFICE USE ONLY

_____ _____

REVIEWED 1 DATE

_____ _____

REVIEWED 2 DATE

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Personal Information

Name: _____ Marital Status: _____

Date of Birth: _____ Gender: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Preferred Phone Number *(circle)*: Home | Cell | Work

Address:_____ City:_____

State: _____ Zip: _____

Employer/Occupation: _____

Emergency Contact

Name: _____ Relationship: _____

Primary Phone Number: _____ Secondary: _____

Medical Information - *Select if you have ever had any:*

☐ Diabetes ☐ COPD/Asthma ☐ Epilepsy/Seizures

☐ Arthritis ☐ Shortness of Breath ☐ Heart Attack

☐ Osteoporosis ☐ Heart Condition ☐ Blood Clots

☐ Hypertension ☐ Asthma ☐ Pregnancy

☐ Cancer ☐ Blood Clots ☐ History of Smoking

☐ Leg ☐ Foot : Pain ☐ Other: _____

☐ Leg ☐ Foot : Numbness/Tingling

Past Injuries

DATE (MM/YYYY)	INJURY

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Past Surgeries

DATE	SURGERY	REASON

Reason for Office Visit:

_____

_____

Any pain or soreness currently present? YES | NO

If so, where: _____

When did the pain start? _____

RATE YOUR PAIN *(Circle Pain Level)*	No Pain or Discomfort									Worst Pain Imaginable
Current Pain Level	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Average Pain Level over the Past Month	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

Are you physically active? YES | NO

If yes, explain: _____

Do you have an exercise routine? YES | NO

If yes, explain: _____

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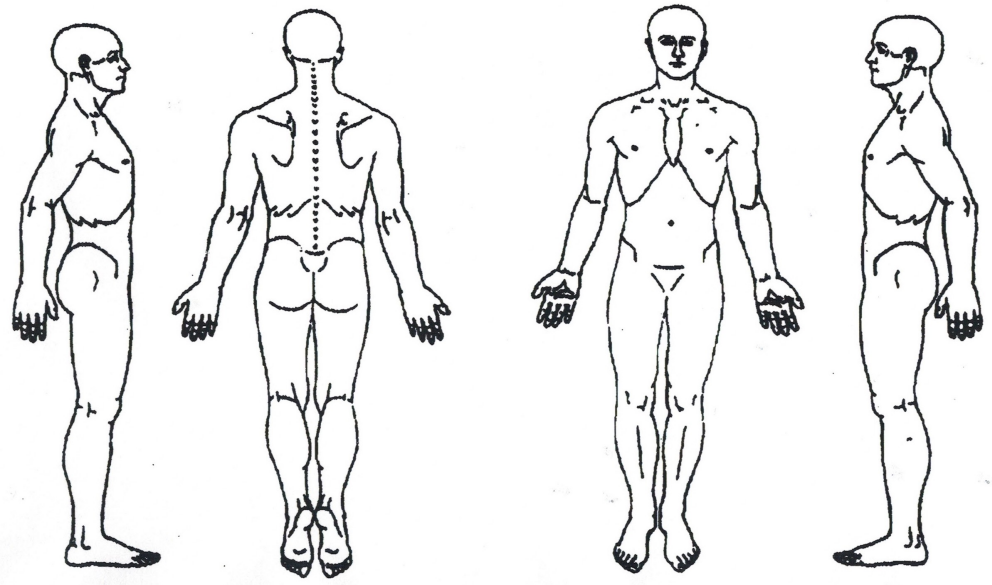
Circle all areas of pain & grade intensity of pain in each area using the 0-10 scale, as seen above:



Does this pain limit daily activities? *(Ex. Walking, Exercising, Working)* YES | NO

Do you have any places where your range of motion is limited?

☐ Knee	☐ Hip	☐ Neck
☐ Upper Arm	☐ Foot	☐ _____
☐ Elbow	☐ Wrist	☐ _____

Personal Health Goal:

_____

What do you want to accomplish from this program?

_____

How much time [☐ minutes ☐ hours] **do you commit to your health** ☐ daily ☐ weekly **?**

Nutrition: _____
Activity: _____
Mental Health: _____

I would additionally like you to know:

_____

_____

_____