PCC AMBULATORY ENCOUNTER RECORD AFFIL DIS. INITIALS/CODE

**Exercise assessment**

Muscogee Creek Nation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | PROBLEM LIST UPDATE |  |  |  |  |  |  |
| Time | REMOVE | MOVE TO INACTIVE | MOVE TO ACTIVE |  |  |  |  |  |  |  |
| Clinic |  |  |  | Primary |  |  |  |  |  |  |
| □Appt □Walk in |  |  |  | Provider |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **S:** Health goals: | Current Exercise Levels |
| [ ]  Blood sugar control | [ ]  Sedentary |
| [ ]  Blood Pressure | [ ]  Increased activities of daily living |
| [ ]  Lose weight | [ ]  Moderate Exercises less than 30 minutes 5 days/Wk |
| [ ]  Blood cholesterol | [ ]  Vigorous Exercises for less than 30 minutes 3 days/Wk. |
| [ ]  Strength | [ ]  Moderate Exercise 30 minutes or more 5 days/Wk |
| [ ]  Flexibility | [ ]  Vigorous Exercises 30 minutes or more 5 days/Wk |
| [ ]  Fitness | [ ]  Strength exercises one or more times a week |
| [ ]  Other | [ ]  Flexibility exercises one or more times a week |
| **Barriers to Exercise:** | **Community Options:** | **Activity Preferences:** |
| Personal:Physical: | Indoor Space(s):Outdoor Space(s):Indoor activities:Outdoor activities: | [ ]  Tapes[ ]  Walking[ ]  With others[ ]  Alone |
| **O: Exercise Clearance Required:** If Yes, Date of Appt:**Measurements:** | [ ]  **Restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]  **No Exercise****Diabetes Complications:** | **Other Precautions:** |
| **\_\_\_\_\_Waist size** | [ ]  **History of MI/Cardiac Procedure**  | [ ]  Unstable Heart Dz |
| **\_\_\_\_\_Hip size** | [ ]  **Loss of protective sensation** | [ ]  Needs Shoes |
| **\_\_\_\_\_BMI** | [ ]  **Moderate to Severe Retinopathy** | [ ]  Needs Socks |
|  | [ ]  **Chronic Kidney Disease** | [ ]  Arthritic Joints |
|  | [ ]  **Hypertension** | [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **A:** Readiness: 1: No Plan 2:Being More Active 3:Getting Started (10-29 min) 4: Seeing Results (30min or more) |
| [ ]  **Safe to increase intensity** | [ ]  **Yes** [ ]  **No** |  |
| [ ]  **Safe to increase time:** | [ ]  **Yes** [ ]  **No** |  |
| [ ]  **Tends to overdo initially** | [ ]  **Yes** [ ]  **No** |  |
| [ ]  **Potential risk from exercise:** | [ ]  **Foot injury** [ ]  **Retinal bleeding** | [ ]  **Decreased Kidney Function** [ ]  **Low blood sugar** |
| **Purpose of Visit:****Type 2 Diabetes:** [ ]  **Controlled** [ ]  **Uncontrolled** |
| **Plan: See Healthy Heart Project Care Plan Flow Chart- Being Active** |
| **Support required:** |  |  |
| **Overcoming barriers:** |  |  |
| **Bad weather plan:** |  |  |
| **Follow up plan:** |  |  |
| **Patient Identification:** | Professional SignatureHHP: Initial Exercise Assessment |

Healthy Heart Project-Initial Exercise Assessment