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 |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Signature  HHP: Initial Exercise Assessment | | |

Healthy Heart Project-Initial Exercise Assessment