

**EXERCISE ASSESSMENT FORM**

CLINIC \_\_\_ DOIT \_\_\_ DTU \_\_\_ F & H \_\_\_ EASY \_\_\_ JDC# \_\_\_\_\_

**SUBJECTIVE**

Current Exercise: \_\_\_\_\_  
Mode \_\_\_\_\_ Duration \_\_\_\_\_  
Intensity \_\_\_\_\_ Frequency \_\_\_\_\_

Past Participation: \_\_\_\_\_

Exercise Time: \_\_\_\_\_ Occupation: \_\_\_\_\_

Exercise Equipment Available: \_\_\_\_\_

Recreational Activity: \_\_\_\_\_

Hx of Hypoglycemia: Yes No Factors: \_\_\_\_\_

Adjustments for Exercise: \_\_\_\_\_

**OBJECTIVE** Age \_\_\_\_\_ RHR \_\_\_\_\_ RBP \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

DM x \_\_\_\_\_ yrs HgbA1c \_\_\_\_\_ % Urine protein \_\_\_\_\_ Smoking hx \_\_\_\_\_

DM Meds \_\_\_\_\_

B \_\_\_\_\_ L \_\_\_\_\_ S \_\_\_\_\_ HS \_\_\_\_\_

Medical HX \_\_\_\_\_ Medication \_\_\_\_\_

**PLAN**

**ADJUSTMENTS**

**EX RX**

Session 1: Insulin \_\_\_\_\_ Intensity: \_\_\_\_\_ - \_\_\_\_\_ bpm  
\_\_\_\_\_ Snacks \_\_\_\_\_ (10 secs) \_\_\_\_\_ - \_\_\_\_\_  
Session 2: \_\_\_\_\_ Restrictions \_\_\_\_\_ Duration \_\_\_\_\_ - \_\_\_\_\_ min  
3. \_\_\_\_\_ Frequency \_\_\_\_\_ x Week  
4. \_\_\_\_\_ Home plan \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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PATIENT LABEL



MR.JDCEXERCISE