



MoveWell Today

Diabetes Exercise Program

Please be sure to complete this form and turn it in to the front desk.

NAME: _____

ADDRESS:

PHONE: _____

Email: _____

Cathy Mason, lead instructor, will contact you for an interview prior to being placed in a class.

Next Class will begin February 2020;

(Specific Dates are to be determined)

By signing below I understand that this application does not guarantee participation in the class and I agree to be contacted for an interview.

Participant Signature: _____

Date: _____

Healthcare Provider Referral and Consent

The Diabetes Exercise Program is an evidence-based program designed to reduce risk factors related to diabetes and to assist in the management of diabetes through aerobic and resistance training exercise. Classes are held two times per week for 75 minutes in addition to one independent exercise session. A nationally certified exercise specialist teaches the classes.

Participant's name _____ DOB _____

Telephone _____ (Cell) _____

Insurance _____

Program site _____ Program start date _____

The following to be completed by the physician and is required for exercise clearance.

Previous HbA1c lab results _____ Date _____

Preexercise HbA1a lab Date ordered _____ Results _____
(must be within thirty days of starting the program)

Post-12-week HbA1c lab Date ordered _____ Results _____
(must be in the final week or not more than one week after the program ends)

Please list the upper glucose level allowable for the participant to exercise _____

Exercise precautions or conditions:

Orthopedic _____

Cardiovascular _____

Respiratory _____

Neurological _____

Other _____

With these restrictions, the above-named enrollee is medically cleared to participate in the MoveWell Today® Diabetes Exercise Program designed for clients with prediabetes or diabetes.

Primary care provider (print name): _____

Signature: _____ Date: _____

Diabetes-Related Health History

Name _____ Date _____

1. Do you routinely check blood glucose? Yes No

How often? _____

Habitual self-monitoring of blood glucose indicates an awareness of glycemic control. Exercise is riskier for individuals who do not monitor blood glucose and for those who do not have stable blood glucose throughout the day.

2. Do you take insulin? Yes No

If yes, is the insulin fast-acting or slow-acting or both? _____

Do you use an insulin pump or injections? Yes No

People who take insulin are more prone to hypoglycemic reactions. In addition, the time release of the insulin is important in scheduling physical activity. People who use insulin pumps will have greater ability to adjust insulinization surrounding exercise by reducing their basal insulin rate.

3. Do you take oral medications for diabetes? Yes No

What types? _____

Sulfonylureas and meglitinides carry hypoglycemic risks.

4. Do you test your blood glucose surrounding exercise? Yes No

If yes, do you test your blood glucose preexercise? Yes No

During exercise? Yes No

Following exercise? Yes No

Check blood sugar before and after exercise to avoid hyperglycemic or hypoglycemic reactions. If exercise sessions last longer than 60 to 90 minutes, check during exercise as well. This is of particular importance when beginning an exercise program or changing training parameters or medications.

5. Have you ever had a hypoglycemic or hypoglycemic reaction? Yes No

If so, what happened and how did you feel? _____

Know the signs and symptoms of hypoglycemia and how to treat hypoglycemia. Wear a medic-alert bracelet indicating diabetic status in order to exercise safely.

6. How do you treat your hypoglycemia? _____

Remember the 15-50 rule: 15 grams of carbohydrate should raise blood glucose levels 50 points in 15 minutes. Once glucose has normalized, a small, balanced snack containing carbohydrate, protein, and fat will assist in maintaining blood glucose level.

General Health History

Date _____

Name _____ Age _____ DOB _____

Address _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

Primary Care Physician _____ Phone _____

What do you want to achieve by participating in the Diabetes Exercise Program?

Current physical activity level

- Sedentary (0–1x/week)
- Active (15–30min, 2–3x/week)
- Very active (30+min, 4–5x/week)

Medical history (Do you have a history of any of the following conditions?)

- Heart disease _____
- Family history of heart disease: relation _____
- High blood pressure _____
- Abnormal EKG: date _____
- Abnormal stress test: date _____
- Congestive heart failure
- Chest pain/agina
- Pacemaker/defib
- Poor leg circulation: right _____ left _____ both _____
- Foot or ankle swelling
- Elevated total cholesterol (over 200)
- Stoke
- Asthma
- Emphysema
- Cigarette smoking: present: #daily _____ past: when did you quit? _____
- Shortness of breath
- Arthritis or joint pain
- Muscle injury or disease
- Bone or joint injury or disease
- Joint replacement: joint _____ right _____ left _____

Informed Consent

Thank you for choosing to use the facilities, services, or programs of _____.
We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, _____, declare that I intend to use some or all of the activities, facilities, programs, and services offered by _____, and I understand that each person, myself included, has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility during and after my participation for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, or program of _____ brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that the activities, programs, and services offered by _____ are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by _____, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or other symptoms that I might suffer and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes symptoms of distress or abnormal response.

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by _____ at any time before, during, or after my participation.

I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Signature _____ Date _____

Witness _____