



"GET MOVING" GENTLE EXERCISE PROGRAM RESIDENT REPORT TO GP AND FACILITY

| | | | | | |
|-----------------|--|---------------------|--|---|--|
| Residents name: | | Residents usual GP: | | Exercise Physiologist: | |
| DOB: | | GP phone: | | EP Phone: | |
| RACF: | | | | GP medical clearance obtained? <input type="checkbox"/> | |

| Assessments conducted by EP | Week 1 | Week 12 |
|--|--------|---------|
| Resting heart rate (bpm) | | |
| Blood Pressure (mmhg) | | |
| Weight (kg) | | |
| Waist circumference (cm) | | |
| Hip circumference (cm) | | |
| 2 minute Walk Test (distance walked in m) | | |
| 30 second Chair Stand test (number of stands) | | |
| 2 metre Up and Go test (secs) | | |
| Tinetti Assessment Tool - Balance score | | |
| Activities Specific Balance Confidence Scale score | | |

SUMMARY OF RECOMMENDATIONS:

COMMENTS:

- Copy of report sent to residents usual GP
- Copy of report in residents file