



## Spruce Active Living Centre Therapeutic Pool and Exercise/ Wellness Programs Intake Form

Patient Information		
<b>Name:</b>		
<b>Address:</b>		
<b>Telephone:</b>	<b>Date of Birth:</b>	
<b>Health Card #:</b>	<b>Version Code:</b>	
Emergency Contact Information (Optional)		
<b>Name:</b>	<b>Telephone:</b>	
<b>Relationship:</b>		
PLEASE READ THE 7 QUESTIONS BELOW CAREFULLY AND ANSWER EACH ONE HONESTLY: CHECK <u>YES</u> OR <u>NO</u>	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> <b>OR</b> high blood pressure <input type="checkbox"/>		
2) Do you feel pain in your chest at rest, during your daily activities of living <b>OR</b> when you do physical activity?		
3) Do you lose your balance because of dizziness <b>OR</b> have you lost consciousness in the last 12 months? <i>Please answer <b>NO</b> if your dizziness was associated with over-breathing (including during vigorous exercise)</i>		
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? <b>PLEASE LIST CONDITION(S) HERE:</b>		
5) Are you currently taking prescribed medications for a chronic medical condition? <b>PLEASE LIST CONDITION(S) AND MEDICATION(S) HERE:</b>		
6) Do you currently (or have you had in the past 12 months) a bone, joint, or soft tissues (muscle, ligament, tendon) problem that could be made worse by becoming more physically active? <i>Please answer <b>NO</b> if you had a problem in the past but it does not limit your current ability to be physically active.</i> <b>PLEASE LIST CONDITION(S) HERE:</b>		
7) Has your doctor ever said that you should only do medically supervised physical activity?		

*If you have answered **YES** to any one of these questions, we recommend you consult your doctor before participating in an exercise program.*

**I acknowledge and verify that the above information is accurate. In the event that any of the above information changes, I understand that it is my responsibility to inform the instructor and that it is recommended that a new form be completed.**

**I understand that there is an element of risk involved in any fitness class. I understand that participation in Spruce Lodge's Therapeutic pool and/or Exercise/Wellness programs is done so at one's own risk, understanding that no medical assessment has been performed to determine suitability of programming. I understand that the staff members are not held responsible for any damages or injury caused to myself or property no matter how such damage occurs.**

**I authorize communication with my emergency contacts as necessary. I understand that it is Spruce Lodge's responsibility to call 911 if they deem there is an emergency. I understand that if an ambulance is called, I will be responsible to pay any fee charged.**

**Wellness Room Participants: Signing this also signifies that I have taken and understood appropriate training to operate all exercise equipment in the Wellness Room.**

**Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature: \_\_\_\_\_**

**If you have any questions, concerns or comments please contact:**

**Lindsay Otto, Wellness Coordinator, 519-271-4090 ext. 2247**

**Amy Nelder, Pool Coordinator, 519-271-4090 ext. 2282**

**Janine Hamilton, Woodland Towers Support Services Manager, 519-271-4090 ext. 2212**