Spruce Active Living Centre: Wellness Programs and Falls Prevention Intake Form

Participant Information	
Name:	
Address:	
Telephone:	**Date of Birth:**
Health Card #:	**Version Code:**
Emergency Contact Information	
Name:	**Telephone:**
Relationship:	

Are we able to share your personal health information with other health providers (ie. Physician, SWLHIN, other Community Support Agencies)?
☐ Yes ☐ No

Are we able to share your personal health information with your contacts?
☐Yes ☐ No
Personal health information given by:

Do you have any of the following medical conditions?
☐ Acquired Brain Injury
☐ Arthritis
☐ Cancer
☐ Dementia
☐ Diabetes **Are you insulin dependent?** ☐ Yes ☐ No
☐ Epilepsy
☐ Heart Condition **Do you carry Nitro?** ☐ Yes ☐ No
☐ Hypertension
☐ Joint Replacement
☐ Lung Disorders **Do you carry an inhaler?** ☐ Yes ☐ No
☐ Mental Health
☐ Parkinson's
☐ Stroke
☐ Vertigo
☐ Other:

Do you take medications for heart conditions, high blood pressure or cholesterol?
☐ Yes ☐ No

How would you describe your activity level?
☐ Sedentary ☐ Moderately Active ☐ Highly Active ☐ Fatigued

Do you have any concerns with pain? ☐ Yes ☐ No

Do you take prescription medications on a regular basis? ☐ Yes ☐ No

Spruce Active Living Centre: Wellness Programs and Falls Prevention Intake Form

Do you take more than 5 medications a day? ☐ Yes ☐ No
Do you experience any shortness of breath? ☐ Absence of Symptoms ☐ Present when performing moderate activities ☐ Present when performing day-to-day activities ☐ Present at rest
Has your mobility changed in the last 3 months? ☐ Yes ☐ No
Have you fallen in the past year? ☐ Yes ☐ No
Do you feel unsteady when standing or walking? ☐ Yes ☐ No
Are you worried about falling? ☐ Yes ☐ No

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.

Name (Print): _____ **Date:** _____

Signature: _____

If you have any questions, concerns or comments please contact:
Janine Hamilton, Support Services Manager, 519-271-4090 ext. 2212
Kim Luckhardt, Activity Coordinator and Seniors Fitness Instructor, 519-271-4090 x 2230
Tamara Colaizzi, Pool Coordinator, 519-271-4090 x 2282