



Falls Prevention and Exercise Classes Intake Form

Patient Information	
Name:	
Address:	
Telephone:	Date of Birth:
Emergency Contact Information (Optional)	
Name:	Telephone:

Yes	No	Health Related Questionnaire
		Has your doctor ever said that you should only do medically supervised physical activity?
		Do you feel pain in your chest at rest, during your daily activities of living or when you do physical activity?
		Do you ever lose your balance because of dizziness?
		Is your doctor prescribing medication for blood pressure or heart condition?
		Have you suffered from a fall in the last 3 months?

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

For us to better understand what your limitations may be when participating in exercise class, or how we could tailor exercises to fit your needs, please answer the following questions.

Do you currently suffer from any of the following conditions?		
Yes	No	
		Diabetes
		Arthritis or Osteoporosis
		Heart Disease or High Blood Pressure
		Respiratory Disorder (Asthma, COPD etc.)
		Fibromyalgia
		Joint Problems (ex. Knee or hip replacements)
		Seizure Disorder
		Other (Please specify):

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 Lindsay Otto, Certified Seniors Fitness Instructor, at 519-271-4090 ext. 2247 or, Janine Hamilton, Woodland Towers Support Services Manager, at 519-271-4090 ext. 2212.