



YMCAs of Cambridge & Kitchener-Waterloo

Health Management Program Application

Date (yyyy/mm/dd) _____

The YMCA offers a variety of programs to help people to learn, move and connect for better health. Complete this application to join a YMCA Health Management program and return to the A.R. Kaufman Family YMCA, Chaplin Family YMCA or Stork Family YMCA. We look forward to supporting you in your journey to better health and well-being.

PARTICIPANT INFORMATION - <i>please complete the following</i>				
Last Name	First Name		Birth Date (yyyy/mm/dd)	Age <input type="checkbox"/> M <input type="checkbox"/> F
Address	City	Postal Code	Home Phone	
Cell Phone	Email		Emergency Contact Full Name	
Emergency Contact Home Phone	Emergency Contact Cell Phone		Relationship to Participant (ie. friend)	

What Health Management program are you interested in:

- Diabetes Fit
 Move For Health
 Neuro Fit
 Rock Steady Boxing®
 Other: _____
 Not Sure

How did you learn about our program? _____

Are you a current YMCA member?: Yes No

MEDICAL HISTORY (Please check all that apply to you)

- | | |
|--|---|
| <input type="checkbox"/> Cardiac (Heart) Event: Date: _____
Description: _____
<input type="checkbox"/> Heart Condition: _____
Description: _____
<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> At Risk
<input type="checkbox"/> Insulin Dependent
<input type="checkbox"/> Diabetes Complications: _____

<input type="checkbox"/> Stroke or TIA Date: _____
Residual Effects: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description: _____
Blood pressure concerns: <input type="checkbox"/> High BP <input type="checkbox"/> Low BP
<input type="checkbox"/> Blood pressure is controlled by medication
<input type="checkbox"/> Neurological Condition
Description _____
Arthritis: <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Rheumatoid | <input type="checkbox"/> Joint replacement(s): Date: _____
Description: _____
<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Painful joint /muscle
Description _____

<input type="checkbox"/> You have had a fracture in the last two years
Description _____
<input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Current Smoker
<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety
<input type="checkbox"/> Injury/Accident: Date: _____
Description: _____
<input type="checkbox"/> Cancer: Date _____
Currently receiving treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> You have had a surgical procedure in the last two years
Description _____
<input type="checkbox"/> Other; please list _____ |
|--|---|

Office Use Only	
Reviewed by: _____	Consultation Date: _____
Physician Approval Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor: _____



Do you feel chest pain when exercising? Yes No

If yes, please describe: _____

Do you experience episodes of dizziness or lightheadedness? Yes No

If yes, please describe: _____

Have you fallen in the last 3 months? Yes No Number of falls: _____

Are you currently seeing a physiotherapist or have recently completed a hospital or outpatient rehabilitation program? Yes No

If yes, please describe: _____

Are there any activities your doctor/physiotherapist has requested you to do or to avoid? Yes No

Please describe: _____

Do you use any physical aids (ie. cane, walker, hearing aids, etc)? Yes No

If yes, please describe: _____

Do you currently exercise? Yes No

If yes, what are you doing? _____

Please describe any concerns you have about getting started with exercise: _____

What types of physical activities do you do or have you done in the past that you enjoy?

What are your personal health and wellness goals? _____

Please list your medications: _____

Please return completed applications to:

A.R. Kaufman Family YMCA
333 Carwood Avenue
Kitchener, ON N2G 3C5
519-743-5201 ext. 238
Fax: 519-743-5204
wellness@ckw.ymca.ca

Chaplin Family YMCA
250 Hespeler Road
Cambridge, ON N1R 3H3
519-623-9622 ext. 2214
Fax: 519-621-6580
wellness@ckw.ymca.ca

Stork Family YMCA
500 Fischer-Hallman Road North
Waterloo, ON N2L 0B1
519-725-8783 ext. 262
wellness@ckw.ymca.ca

A YMCA staff member will contact you to book your program consultation. Approval from your doctor may be requested depending on your health status and medical history.