



Office Only
Reviewed by: _____
Physician Approval Required:
 Yes No
SMART START Session
Date: _____
Instructor: _____

Smart Start Application

Date _____

SMART START is a free one hour customized introduction to individual and group wellness programs. **SMART START** is for anyone with a chronic condition and/or low fitness level. Please complete this **SMART START** application and return to the YMCA-YWCA of Guelph in order to book your **SMART START** session. We look forward to giving you customized instruction and direction to help you get started with exercise!

PARTICIPANT INFORMATION- <i>please complete the following</i>					
Last Name	First Name		Birth Date yy/mm/dd	Age	M/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)		

How did you learn about our programs? _____

Is there a specific wellness program you would like to participate in? If yes, please list the name of the program:

MEDICAL HISTORY (Please check all that apply to you)

- Cardiac (heart) event: Date _____
Description _____
- Angina
- Other heart condition
Description _____
- You have been told you are at risk for diabetes.
- Diabetes: Type 1 Type 2
- Insulin dependent
- Diabetes complications _____

- Stroke or TIA: Date _____
- High blood pressure
- Neurological Condition
Description _____

- Osteoarthritis
- Rheumatoid arthritis
- Joint replacement(s): Date _____
Description _____
- Osteoporosis
- Painful joint or bone
Description _____
- You have had a fracture in the last two years.
Description _____
- COPD
- Oxygen at home
- Asthma
- Cancer: Date _____
- Other; please list _____

What are your personal goals for joining a wellness program? _____

Do you feel chest pain when exercising? Yes No

If yes, please describe _____

Do you ever faint or get dizzy and lose your balance? Yes No

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

Do you smoke? Yes No

Are there any medical problems that you have that would affect your ability to do physical activity at the Y?

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

If yes, 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? _____

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

If yes, please describe _____

Are there any activities that your doctor/physiotherapist has requested you not to do? Yes No

If yes, please describe _____

Please list your medications _____

Please return completed applications to: **YMCA-YWCA of Guelph**

130 Woodland Glen Drive

Guelph, ON N1G 4M3

Phone: 519-824-5150

Fax: 519-824-4729

Email: chrissetel@guelphy.org

A staff member will contact you to book your **SMART START** session. Approval from your doctor may be requested depending on your health status and medical history.