



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 Health Management program at the Y?

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
Main Phone: 519-824-5150
Fax: 519-824-4729
Email: Brian.Fehst@guelph.ymca.ca

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.