YMCAs of Cambridge & Kitchener-Waterloo

YMCA Wellness Programs

Office Only
Reviewed by:
Physician Approval Required:
☐ Yes ☐ No

☐ Member
☐ Program Card

SMART START Session
Date: _____
Instructor:

Smart Start Application

Date *(yyyy/mm/dd)* _____

SMART START is a free one hour customized introduction to individual and group wellness programs at the YMCA. **SMART START** is for anyone with a chronic condition and/or low fitness level. Please complete this **SMART START** application and return to A.R. Kaufman Family YMCA, Chaplin Family YMCA or Stork Family YMCA 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 - *please complete the following*					
Last Name	First Name		Birth Date *(yyyy/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/facility? _____

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

_____

MEDICAL HISTORY *(Please check all that apply to you)*

☐ Cardiac *(heart)* event: Date _____
Description _____
☐ Angina
☐ Other heart condition
Description _____
☐ Diabetes: ☐ Type 1 ☐ Type 2 ☐ At Risk
☐ Insulin dependent
☐ Diabetes complications _____
_____
☐ Stroke or TIA Date _____
Residual effects ☐ Yes ☐ No
Description _____
☐ High blood pressure
☐ Neurological Condition
Description _____
☐ Arthritis (Osteoarthritis/ Rheumatoid)

☐ Joint replacement*(s)*: Date _____
Description _____
☐ Osteoporosis
☐ Painful joint /bone/muscle
Description _____
☐ You have had a fracture in the last two years
Description _____
☐ COPD/ Asthma
☐ Depression/Anxiety
☐ Injury/Accident Date _____
Description _____
☐ Cancer: Date _____
Currently receiving treatment ☐ Yes ☐ No
☐ You have had a surgical procedure in the last two years
Description _____
☐ Other; please list _____

What are your personal health and wellness goals? _____

_____

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:

A.R. Kaufman Family YMCA
333 Carwood Avenue
Kitchener, ON N2G 3C5
Phone: 519-743-5201 x 255
Fax: 519-743-5204
Email: wellness@ckw.ymca.ca

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

Stork Family YMCA
500 Fischer-Hallman Road North
Waterloo, ON N2L 0B1
Phone: 519-725-8783 x 270
Email: wellness@ckw.ymca.ca

A YMCA 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.