



**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 _____

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 or Chaplin 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 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 name of 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

A.R. Kaufman Family YMCA

333 Carwood Avenue
Kitchener, ON N2G 3C5
Phone: 519-743-5201
Fax: 519-743-5204
Email: kcorke@ckwymca.ca

Chaplin Family YMCA

250 Hespeler Road
Cambridge, ON N1R 3H3
Phone: 519-623-9622
Fax: 519-621-6580
Email: mdemers@ckwymca.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.