



THE FIRST STEP
PROGRAM

FIRST STEP PROGRAM PARTICIPANT INFORMATION SHEET



Optimizing Chronic
Disease Management

Welcome to the First Step Program

First Step is a partnership between the Saskatoon Health Region
and City of Saskatoon Community Services Department.

- **PROGRAM TIMES:**

The First Step Program runs 3 times per week. Tuesday, Thursday and Saturdays.

Tuesday/Thursday Mornings:

08:30 - 09:30 am Exercise class

09:30 - 10:30 am Exercise class

10:45 - 11:45 am Education class

Tuesday/Thursday Evenings:

5:30 - 6:30 pm Education class

5:45 - 6:45pm Exercise Class (May-Oct.)

6:45 - 7:45 pm Exercise class

Saturdays: (Exercise only)

09:30 - 10:30 am

10:00 - 11:00 am

10:30 - 11:30 am (Nov. – May Only)

The one-hour exercise consists of:

10 minutes warm-up/light stretch

30 minutes individual activity

(i.e.: bike, walk, row, rest)

20 minutes strength & stretch activity

(OR Continued Individual Activity)

***Remember: You may alternate between morning and evening times.**

- **FEES:** The cost of the First Step Program includes 3 months of exercise (3 times/week) plus the education cycle (12 classes).

Cost: Main participant - **\$182.75** including tax

Support person - **\$57.25** including tax (spouse, friend, relative, etc.)

If you have **Diabetes, Pre-Diabetes OR Chronic Kidney Disease**, part of the cost is subsidized for you through the Saskatoon Health Region. So, you would pay:

Main participant - **\$75.00** including tax

Support person - **\$45.00** including tax (spouse, friend, relative, etc.)

- ❖ **Receiving a medical referral will not automatically give you the subsidization from the Saskatoon Health Region.**

If cost is a concern for you, we do have accessibility funding that you may apply for to cover a part or the entire fee. Please discuss this individually with a program staff member if cost is a concern for you.

- **EDUCATION:** The education classes are offered as a six-week cycle. You may begin the cycle nearest to your exercise program start date. If you miss any education classes, you may attend the class in the next cycle. **Check the First Step bulletin board for the current class schedule.**
- **PARTICIPANT CARD:** First Step participants can come into the facility **15 MINUTES BEFORE** any of the program times listed above. When entering the facility, please show your First Step participant card to the cashier at the front kiosk. You are required to clip your card on your shirt (clips will be supplied) and display it during your attendance at the program. Your card only allows access during First Step Times.
- **TRACK USE:** There are designated walking & running lanes on the track. Lanes 2, 3 & 4 are regular walking lanes. Please note the lane direction sign on your way onto the track, as lane changes are posted daily. (e.g. lanes 1, 2, 3 & 4 are for walking on most mornings). Please ask a staff member if you have any questions.

- **EXERCISE LOGS:** All participants are asked to keep an exercise log to record information of each workout. The logs will be available in the portable files placed out on the track. If you have questions about your exercise log please ask the staff for help.
- **STORING CLOTHING & VALUABLES:** Please refrain from bringing your valuables to the program. Fanny packs are a good option for wallets, keys, and medical supplies. Please remove wet or dirty footwear before entering the track area. Coat racks are located at both ends of the warm-up strip. Please wear comfortable, loose fitting clothing and walking shoes for exercise.
- **AMMENITIES:** Washrooms, showers, change rooms are located in the main foyer. One water fountain is located outside the ladies change room and another on the far side of the track.
- **PARKING:** Please do not park in the Handicapped Parking zone without a sticker, or your vehicle will be ticketed.
- **BODY SCENTS:** We are a SCENT FREE FACILITY. Please refrain from wearing any perfumes, colognes, lotions, or scented hairspray while exercising as some participants have breathing difficulties and/or allergies.
- **CHILDCARE:** Childcare is available through the Field House on Tuesday and Thursday mornings from 9:00 to 11:30 am. Check at the front desk for more information.
- **DIABETES:** For Individuals with **diabetes**, we encourage you to bring your own monitors for testing blood glucose levels. The monitors at the Field House are available for you to use if you don't have yours with you and you are not feeling well and suspect your blood sugars are too low or too high. Please ask a staff member for assistance.
- During the First Step Program we will help to set you up on an exercise program and modify/progress you as needed/interested. We will also monitor your blood pressure on an ongoing basis and assist you with blood sugar monitoring if you have pre-diabetes or diabetes.
- **INSTRUCTORS:** You will have a specific instructor that will follow up with you but remember you have all instructors available for you.

Please let an instructor know if you are feeling unwell in any way or if you want to change your exercise prescription.

Class Time Breakdowns

Tuesday/Thursday AM

08:30 - 08:40 Group Warm-up/Stretch
 08:40 - 09:10 Individual Activity
 09:10 - 09:30 Group Strength and Stretch

 09:30 - 09:40 Group Warm-up/Stretch
 09:40 - 10:10 Individual Activity
 10:10 - 10:30 Group Strength and Stretch

Tuesday/Thursday PM

6:45 - 6:55 Group Warm-up/Stretch
 6:55 - 7:25 Individual Activity
 7:25 - 7:45 Group Strength and Stretch

Saturday

09:30 - 09:40 Group Warm-up/Stretch
 09:40 - 10:10 Individual Activity
 10:10 - 10:30 Group Strength and Stretch

 10:00 - 10:10 Group Warm-up/Stretch
 10:10 - 10:40 Individual Activity
 10:40 - 11:00 Group Strength and Stretch

 10:30 - 10:40 Group Warm-up/Stretch
 10:40 - 11:10 Individual Activity
 11:10 - 11:30 Group Strength and Stretch

FIRST STEP PROGRAM APPLICATION

Name: _____
(Last) (First) (Initial)

Address: _____

City/Town: _____ Postal Code: _____

Home Phone #: _____ Work Phone #: _____

Date of Birth (mm/dd/yy): _____ Age: _____

Occupation: _____

Provincial Health Number: _____

Emergency Contact: _____ (_____) Phone #: _____
Relation to you

Physician: _____ Physician's Phone #: _____

The information you provide will be considered as privileged and confidential

Please allow up to 1 week to be contacted by program staff to set up your initial assessment



**THE FIRST STEP
PROGRAM**

Partnership between:



Please Return To:
First Step Program
2020 College Drive
Saskatoon, SK.
S7N 2W4
OR
Fax to 975-3377
If you have any questions
please call: 975-3121

FOR OFFICE USE ONLY

CODE: FWC 01 FWH 01

SUPPORT:

START DATE:

GRAD DATE:

PAYMENT:

RECEIVED POST DATED CHEQUES: YES NO

CARD #:

CASHIER:

Health History Questionnaire

Name: _____

This information you provide will be used to assist you in designing your program to meet your distinctive needs.

1. Have you ever been **diagnosed with**, or had any of the following: **Please explain.**
 - Heart condition (heart attack, coronary bypass or other heart surgery, angina)
Have you ever been investigated for a heart problem?
 - yes: Please explain:
 - no:
 - Diabetes:
 - Pre-Diabetes (Impaired Fasting Glucose or Impaired Glucose Tolerance):
 - Peripheral Vascular Disease (Claudication):
 - Chronic lung disease
 - asthma:
 - emphysema:
 - chronic bronchitis:
 - other: _____
 - Chronic Kidney Disease
 - Stroke/t.i.a.(transient ischemic attack):
 - High blood pressure:
 - Abnormal cholesterol levels:
 - Hypothyroidism:
 - Hyperthyroidism:
 - Heart murmurs:
 - Sleep apnea:
 - Epilepsy or seizures:
 - Anemia (“low blood”):
 - Arthritis:
 - Bursitis/Tendonitis:
 - Osteoporosis:
 - Increased body weight:
 - Neurological problems:
 - Multiple Sclerosis:
 - Parkinson’s Disease:
 - Other: _____
 - Mental Health issues:

2. Do you ever experience any of the following? **Please explain.**

- Chest discomfort:
- Extra, skipped, or rapid heart beats, or palpitations:
- Ankle swelling:
- Unusual shortness of breath:
- Light-headedness or fainting:
- Cramping, burning or discomfort in lower legs:
- A chronic, recurrent cough:
- Migraine or recurrent headaches:
- Swollen, stiff or painful joints:
- Foot problems:
- Limited range of motion in joints:
- Knee problems:
- Back problems:
- Shoulder problems:
- Neck problems:
- Recurrent or chronic pain of any sort:

Please specify: _____

3. Do you have any **other medical problems** not mentioned previously? **Please explain.**

4. Do you have any **allergies**?

5. Please list any **medications** you are currently taking, including **dosage and times/day**.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

Are you unsure of any medication names? YES / NO

6. Please list any severe illness, hospitalization, surgical procedure, or broken bones within the past two years:

7. Have you seen your **doctor** in the past year? YES / NO
Is your doctor aware that you wish to participate in this exercise program? YES / NO

8. Have you ever **smoked**? YES / NO

If YES: How many packs a day? _____

How many years? _____

Are you currently smoking? YES / NO

If YES: Are you considering quitting in the near future? YES/NO

If NO: When did you quit? _____

9. Do you have a **blood relative that had heart problems** when he/she was less than 55 years old? YES / NO If yes, please explain:

10. Please list your current, **regular physical activities**:

Type of activity _____

Frequency (times/week) _____

Length of time _____

11. Is this the first time you have participated in an exercise program? **Please explain.**

12. How did you hear about the First Step Program?

- Friend
- Dr's Referral
- Other Health Professional
- Media
- Leisure Guide
- Building Resistance to Heart Disease and Diabetes
- Discovering Diabetes
- Other

13. What **program times** will you most likely be attending?

- Tuesday, Thursday and Saturday mornings
- Tuesday and Thursday Evening and Saturday Morning
- A mix of both morning and evenings

I have answered all questions truthfully and to the best of my knowledge. I have not knowingly withheld any information regarding my health.

Signature: _____ Date: _____

If cost is a barrier for you please bring your most recent Notice of Assessment from Revenue Canada to your assessment, if you do not have a copy it can be obtained by calling 1-800-959-8281. Request the Option C Form or a Verified Copy of your most recent Income Tax Return.

Thank you for your interest in attending the First Step Exercise program, your application will be reviewed and a program coordinator will contact you shortly to set up an appointment for an assessment.

ⁱIf you have any questions please contact 975-3121 or 655-6929.

ⁱ Revised January 2010 SH