

FIRST STEP PROGRAM APPLICATION

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

Address: _____

City/Town: _____ Postal Code: _____

Home Phone #: _____ Cell Phone #: _____

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

Email: _____ 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 2 weeks 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 (306) 975-3377

If you have any questions
please call: (306) 975-3121

FOR OFFICE USE ONLY

REGISTERED: CITY SHA

SUPPORT:

START DATE:

GRAD DATE:

PAYMENT: RECEIVED POST DATED CHEQUES: YES NO

Received Name Tag: Yes No

CASHIER:

Health History Questionnaire

Name: _____

The information you provide will be useful in designing a 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/TIA (Transient Ischemic Attack):

☐ High blood pressure:

☐ Abnormal cholesterol levels:

☐ Hypothyroidism:

☐ Hyperthyroidism:

☐ Heart murmurs:

☐ Sleep Apnea:

☐ Epilepsy or seizures:

☐ Anemia:

☐ 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 heartbeats, 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. Which **program times** will you most likely be attending? (**Check all that apply**)

- ☐ Tuesday & Thursday mornings
- ☐ Tuesday & Thursday evenings
- ☐ Saturday mornings *for Graduates Only*

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 to participate, please ask about the Leisure Access Program. Information can be found at any Leisure Centre, by calling the Community Development Branch at 306-975-3378 or search Leisure Access Program at Sasaktoon.ca.

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

If you have any questions please contact (306) 975-3121 or (306) 655-4595.

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