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:

City of Saskatoon

Saskatchewan Health Authority

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**
or email: sfh@saskatoon.ca

FOR OFFICE USE ONLY
REGISTERED: (ABOVE) **CITY** FH_502 **SHA** FH_503 (MAIN PARTICIPANT)
SUPPORT:_____ **CITY** FH_500 **SHA** FH_501 (COMPANION)
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
- ☐ Add Saturday mornings ***for Graduates Only following the 4 month program.***

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.
You can email us at sfh@saskatoon.ca.

Revised October/23 SDK