

FIRST STEP PROGRAM APPLICATION

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

Address: _____

City/Town: _____ Postal Code: _____

Home Phone #: _____ Cell 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 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

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 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

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 participant, please ask about the Leisure Access Program. Information can be found at any Leisure Centre or by calling 306-975-3121. The process is confidential and the applications are process through the Community Development Branch at Cosmo Civic Centre.

Thank you for your interest in attending the First Step Exercise program, your 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) 655-6929.

Revised January 2018 JA