

FITNESS INITIAL CONSULTATION

TODAYS DATE: _____

Client Information

First Name: _____ Middle Initial: _____ Last Name: _____ Marital Status: Sgl Mar

D.O.B. _____ Age: _____ Have you been here before? Yes No

Street Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Ext. _____ Cell Phone: _____

Email: _____ Occupation: _____

Personal Physician's Name: _____ Phone: _____ Fax: _____

Activity

Sedentary (No exercise) Mild Exercise (i.e., climb stairs, walk 3 blocks, golf)
 Occasional Vigorous Exercise (i.e., work or recreation less than 4x/week for 30 min.)
 Regular Vigorous Exercise (i.e., work or recreation 4x/week for 30 minutes)

Do you play a sport or activity? Yes No If Yes, what sport or activity? _____

Team Name: _____

Coaches Name: _____ Coaches Email: _____

How did you hear about us?

Website- Search Engine Drive By/Walk-In Flyer Running Room Talk Advertisement: _____
 Friend Coach Relative.

If you were referred by someone in particular please let us know, we'd can thank them. _____

Health History

List Any Medical Problems That Other Doctors Have Diagnosed:

Surgeries or other Hospitalizations:

Year:	Reason:	Year:	Reason:
Year:	Reason:	Year:	Reason:

Have you had or do you presently have any of the following?

High blood pressure Low blood pressure High Cholesterol Diabetes
 Chest pains Injury to back or knees Seizures Fainting or dizziness
 Heart attack or known heart disease Shortness of breath at rest or with mild exertion

Print Name: _____

Signature _____ Date: _____ Witness: _____

FITNESS INITIAL CONSULTATION

Privacy Code

Privacy of personal information is important to Velocity Sports Medicine & Rehabilitation. We are committed to the collection, use and disclosure of this information in a responsible way. We will also try to be as open and transparent as to how we handle personal information.

Personal Information

Personal information is information about an identifiable individual. Generally, the information we collect is limited to your name, home contact information, gender and age. As part of your patient file we retain your health history; health measurements and examination results; health conditions, assessment results and diagnoses; the health services provided to you or received by you; your prognosis and other opinions formed; compliance with treatment; and the reasons for your discharge and discharge recommendations. We also maintain records for payment and billing purposes. Only necessary information is collected about you. We only share your information with your consent; the use, retention and destruction of your personal information complies with existing legislation and privacy protection protocols. Privacy protocols comply with privacy legislation, standards of our regulatory body, the College of Chiropractors of Ontario and the law.

Staff Members

Staff members who come into contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate uses and protection of your information. These individuals include the clinic records personnel that control access to your patient file, therapists, clinic administration and, when necessary, authorized individuals who may inspect our records as part of the regulatory activities in the public interest.

Disclosure of Personal Information

Our clinics understand the importance of protecting your personal information. To help you understand how we are doing that, we outline below how our clinics use and disclose this information:

- To deliver safe and effective patient care
- To enable us to contact you
- To communicate with other health care providers
- For teaching and demonstrating on an anonymous basis
- To complete and submit claims on your behalf to third party payers
- To comply with legal and regulatory requirements under the Chiropractic Act and the Regulated Health Professions Act
- To process payments and collect unpaid accounts
- For research purposes

Please do not hesitate to discuss our privacy policy with any member of our clinic staff.

By signing the consent section of this form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Patient Consent

I have reviewed the above information that explains how our clinics will use my personal information

I agree that Velocity Sports Medicine & Rehabilitation can collect, use and disclosure my personal information as set out above in the College's privacy code.

(Signature)

(Print name)

(Date)

(witness)

FITNESS INITIAL CONSULTATION



Informed Consent Form for Physical Fitness Program

Name: _____ Phone: _____

Full Address: _____

In case of emergency contact: _____ Phone: _____

General Statement of Program Objectives and Procedures:

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercises, group aerobic activity, swimming and other aerobic activities), callisthenic exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that Velocity Sports Medicine & Rehabilitation shall not be liable for any damages arising from personal injuries sustained by client (buyer) while and during the personal training program. Client, _____ using the exercising equipment during the personal training program does so at his/her own risk. Client _____ assumes full responsibility for any injuries or damages which may occur during the training.

I hereby fully and forever release and discharge Velocity Sports Medicine & Rehabilitation, its assigns and agents from all claims, demands, damages, rights of action, present and future therein. I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form). I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

Description of Potential Benefits:

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease. I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Signature of Buyer (Client) _____ Date _____

Signature of Witness or Velocity Sports Medicine & Rehabilitation Associate.

Witness _____ Date _____