HEALTHIER LIVING CENTRE

REGISTRATION AGREEMENT

GENERAL INFORMATION			
Salutation: ☐ Mr. ☐ Mrs. ☐Ms.	First Name:	Last Name:	Gender:
Street Address:	City:	Postal Code:	
Phone Number:	Country of Birth:	Language Spoken:	
Email:	Date of Birth (month/dd/year)		

Do you live with any of the following conditions:
☐ Arthritis ☐ Osteoporosis ☐ Diabetes ☐ High Blood Pressure ☐ Depression
☐ Chronic Obstructive Pulmonary Disease (COPD) ☐ Congestive Heart Failure (CFH)

Accommodation:
☐ House ☐ Apartment ☐ Condominium ☐ Retirement Home ☐ Group Home ☐ Other

Do you live:
☐ Alone ☐ Spouse ☐ Child ☐ Relative ☐ Friend ☐ Other

Marital Status:
☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Common Law

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Regular physical activity is fun and healthy. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. Please read the questions carefully and answer each one. If you answer YES to any of the following questions, you must obtain a doctor note indicating you are cleared to participate in an exercise class.

YES	NO	
☐	☐	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
☐	☐	Do you feel pain in your chest when you do physical activity or at rest, during your daily activities?
☐	☐	Do you lose your balance because of dizziness or your lost consciousness in the last 12 months?
☐	☐	Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by becoming more physically activity?
☐	☐	Do you know of any other reason why you should not do physical activity?

YES	NO	FALLS INFORMATION
☐	☐	Have you fallen in the last 90 days?
☐	☐	Are you taking four or more medications?
☐	☐	Do you feel unsteady when standing or walking with your walking aid?

SERVICES ELIGIBILITY

- ✓ I understand that the eligibility criteria is older adult 55+ years of age for attendance to the activities and who is physically and cognitively well.

PHOTO/ VIDEO CONSENT	Client initials for agreement with information
✓ I understand that while attending programs through Lumacare, photographs and/or video footage may be taken of me in order to promote the program or the agency. These images may be published or used for any application – internet, posters, newspapers, or other methods of promotion, or used for educational, fundraising, informational or training purposes.	Initials: _____

WAIVER	Client initials for agreement with information
✓ I assume and accept, without limitation, all risks and dangers associated with my participation in this activity	Initials: _____

RECOMMENDATIONS FOR VIRTUAL ATTENDANCE

- ✓ Ensure that the exercise space in your home is a safe environment for movement and your floor surface should be free of tripping hazards
- ✓ Wear appropriate footwear and comfortable clothing
- ✓ Do exercise on your own pace
- ✓ Connect 5 - 10 minutes before the class start time

PIPEDA: Commitment to the Privacy of your Personal Health Information

- ✓ The Personal Information Protection and Electronic Documents Act and the Personal Health Information Protection Act require that we collect your signed consent to store your Personal Information and Personal Health Information and to share it with others involved in planning and providing your care (if required).

  I have had the opportunity to have questions answered regarding this collection and consent and feel that I have a reasonable understanding of the information. I hereby authorize the collection, use and disclosure of my Information by Lumacare to facilitate the provision of service to the above mentioned.

Signature of Client: _____

Date: _____