



WELLNESS CENTER INFORMATION AND REGULATIONS

Mission Statement:

- ◆ To ensure a safe and comprehensive transition from injury or illness to overall fitness and well being.

Hours of Operation:

- ◆ 7:00 AM – 8:00 PM Mon. – Fri.
- ◆ 8:00 AM – 4:00 PM Sat.
- ◆ Closed Major Holidays

Supervision and Staff:

- ◆ This is an independent center for members.
- ◆ If under 16 years of age – must be accompanied by parent.
- ◆ If under 18 years of age – must have signed consent from parent.
- ◆ There must be an authorized staff member in the clinic.
- ◆ Personal training, Program Changes, and Massage Therapy sessions are made by appointment with the Front Desk.
- ◆ Members sign in at the Front Desk.
- ◆ Members are responsible for personal belongings – you may bring a lock to use lockers or borrow a lock.
- ◆ Children may not accompany you – there is no daycare.
- ◆ Non-members must wait in the waiting area.
- ◆ Should you have any questions or concerns, please see the Exercise Physiologist.

Availability of Equipment:

- ◆ Priority must be given to current physical therapy patients, therefore, you might be asked to limit your time on a piece of equipment for treatment use.

Fees:

- ◆ Visits/consultations/appointments with Personal Trainers and other clinicians must be scheduled in advance.
- ◆ Fees for these visits will vary based on services rendered and are due at time of service.
- ◆ Additional personal training sessions:
 - \$40 per 25 minutes
 - \$70 per 55 minutes

Packages are available – Please ask for pricing.



**AHA/ACSM Health/Fitness Facility
Pre-participation Screening Questionnaire:**

(PLEASE PRINT)

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Sex: M _____ F _____ Age: _____ DOB: ____/____/____

Home Phone: (____) _____ - _____
 Work Phone: (____) _____ - _____
 Cell Phone: (____) _____ - _____
 E-mail address: _____

Emergency Contact:
 Name: _____
 Relationship: _____
 Name of your physician: _____

Phone: _____
 Phone: _____

Are you currently under a doctor's care? _____ Yes _____ No

If yes, explain: _____

Date of last physician checkup: ____/____/____

Have you ever had a stress test? _____ Yes _____ No _____ Don't Know

If yes, what were the results? _____ Normal _____ Abnormal _____ Don't Know

Do you take any medications on a regular basis? _____ Yes _____ No

If yes, please list the medications and reasons for taking (attach list is necessary): _____

Have you been recently hospitalized? _____ Yes _____ No

If yes, please explain: _____

Section 1

History (have you had):

A heart attack	_____ Yes	_____ No	_____ Don't Know
Heart surgery	_____ Yes	_____ No	_____ Don't Know
Cardiac Catheterization	_____ Yes	_____ No	_____ Don't Know
Coronary Angioplasty	_____ Yes	_____ No	_____ Don't Know
Pacemaker, implantable cardiac defibrillator, or rhythm disturbance	_____ Yes	_____ No	_____ Don't Know
Heart valve disease	_____ Yes	_____ No	_____ Don't Know
Heart failure	_____ Yes	_____ No	_____ Don't Know
Heart transplantation	_____ Yes	_____ No	_____ Don't Know
Congenital heart disease	_____ Yes	_____ No	_____ Don't Know

Symptoms

You experience chest discomfort with exertion.	_____ Yes	_____ No	_____ Don't Know
You experience unreasonable breathlessness.	_____ Yes	_____ No	_____ Don't Know
You experience dizziness, fainting, blackouts.	_____ Yes	_____ No	_____ Don't Know
You take heart medications.	_____ Yes	_____ No	_____ Don't Know

According to the American College of Sports Medicine, if you marked any of the statements in section 1, consult your health care provider before engaging in exercise.

Section 2

Cardiovascular risk factors

You are a man \geq 45 years Yes No
You are a woman \geq 55 years; you have had a Yes No
Hysterectomy, or you are postmenopausal.
Are physically inactive (you get less than 30 min. Yes No Don't Know
of physical activity on at least 3 days/week.)
Are more than 20 pounds overweight? Yes No Don't Know

You Have

High Blood Pressure Yes No Don't Know
High Cholesterol Yes No Don't Know
Stroke Yes No Don't Know

Have parents or siblings who, prior to age 55, had:

Heart attack Yes No Don't Know
High Blood Pressure Yes No Don't Know
High Cholesterol Yes No Don't Know
Diabetes Yes No Don't Know
Stroke Yes No Don't Know

You Have

Diabetes Yes No Don't Know
Irregular heartbeat or palpitations Yes No Don't Know
Rheumatic heart disease Yes No Don't Know
Emphysema Yes No Don't Know
Epilepsy Yes No Don't Know
Asthma Yes No Don't Know
Are pregnant Yes No Don't Know
Currently smoke Yes No Don't Know
Other metabolic disorders (thyroid, kidneys, etc.) Yes No Don't Know

If yes, please explain: _____

You have concerns about the safety of exercise Yes No Don't Know
You have musculoskeletal problems Yes No Don't Know

If yes, please explain: _____

According to the American College of Sports Medicine, if you marked two or more of the statements in section 2, you should consult your health care provider before engaging in exercise.

None of the issues listed in sections 1 or 2 above are true for me Yes

According to the American College of Sports Medicine, if you said yes to the statement above, you should be able to exercise safely without consulting your healthcare provider.

I attest that the above information is true to the best of my knowledge and acknowledge that I understand the information will be utilized for fitness assessment purposes. I realize that if the information is incorrect it may result in harm to me.

Signature: _____ Date: ____/____/____

OPTIMAL INSTRUMENT

Difficulty–Baseline

Instructions: Please circle the level of difficulty you have for each activity today.	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving–lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Standing	1	2	3	4	5	9
10. Walking–short distance	1	2	3	4	5	9
11. Walking–long distance	1	2	3	4	5	9
12. Walking–outdoors	1	2	3	4	5	9
13. Climbing stairs	1	2	3	4	5	9
14. Hopping	1	2	3	4	5	9
15. Jumping	1	2	3	4	5	9
16. Running	1	2	3	4	5	9
17. Pushing	1	2	3	4	5	9
18. Pulling	1	2	3	4	5	9
19. Reaching	1	2	3	4	5	9
20. Grasping	1	2	3	4	5	9
21. Lifting	1	2	3	4	5	9
22. Carrying	1	2	3	4	5	9

23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs*, *kneel*, and *hop* without any difficulty, you would choose: 1. 13 2. 8 3. 14)

1. ____ 2. ____ 3. ____

24. From the above list of three activities, choose the primary activity you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs* without any difficulty, you would choose: Primary goal, 13)

Primary goal. ____

The OPTIMAL may be used without permission or restriction per our website, www.apta.org/optimal. Please note, however, that it remains the copyrighted intellectual property of *Physical Therapy* (PTJ) and the following citation must be included for all uses:

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. 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.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



PAR-Q & YOU

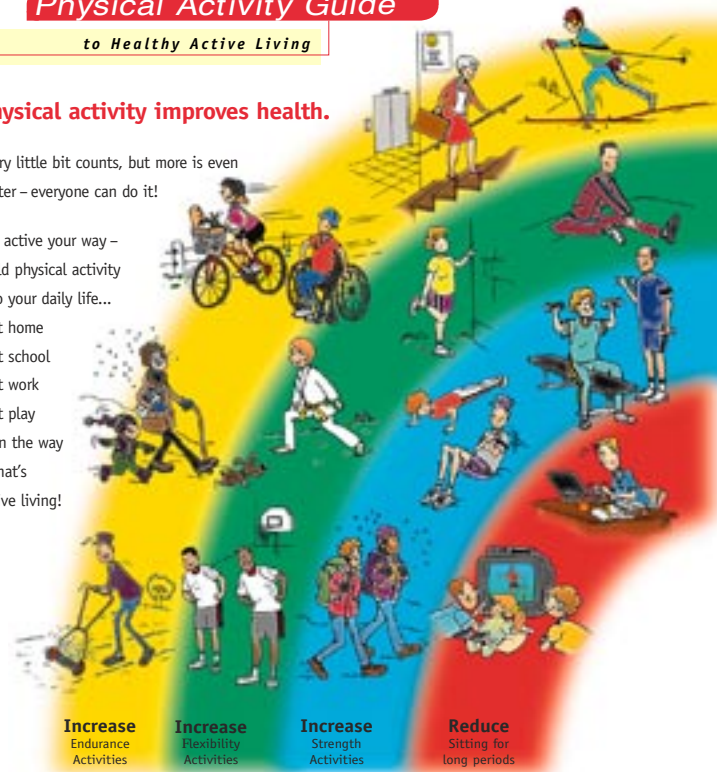
CANADA'S
Physical Activity Guide
to Healthy Active Living

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



- Increase** Endurance Activities
- Increase** Flexibility Activities
- Increase** Strength Activities
- Reduce** Sitting for long periods

Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: **1-888-334-9769**, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
• Strolling • Dusting	60 minutes • Light walking • Volleyball • Easy gardening • Stretching	30-60 minutes • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics	20-30 minutes • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing	• Sprinting • Racing
Range needed to stay healthy				

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity: Health risks of inactivity:

- | | |
|--|--|
| <ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life | <ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer |
|--|--|

Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».



CANCELLATION POLICY

Please be on time. Our time and your time is valuable. We want to be able to provide to you the best care we can. If you are late, that affects how much we are able to work with you and how much you get out of our time together.

- ⇒ ***In the event of a cancellation, I agree to give notice before 2pm of the business day before the scheduled appointment day.*** (For cancellation of a Monday appointment this would mean cancellation must be before 2pm on the Friday before.)
- ⇒ If I am unable to cancel without proper notice, I will pay the **full** amount for my session. It is understood there may be medical or family emergencies, which may prevent me from giving notice by 2pm on the business day before the appointment – these will be handled on a case-by-case basis.
- ⇒ If I am late, my session will still finish on time.
- ⇒ My health and fitness professional agrees to give me notice by 2pm on the business day before the appointment if he or she is unable to keep the appointment.
- ⇒ If my health and fitness professional is unable to cancel without proper notice, I will receive **one equal** session free. It is understood there may be medical or family emergencies, which may prevent him/her from proper notice.

Thank you for your understanding and consideration.

Best in health,

Seneca Wellness & Fitness Center, LLC

Signature: _____

Date: ____/____/____

Witness Signature: _____

Date: ____/____/____



RELEASE OF LIABILITY

I, _____, have volunteered to participate in a progressive exercise program at facilities provided by Seneca Wellness and Fitness Center, LLC, and the program has been fully explained to me. In consideration of my participation in the exercise program, I hereby release Seneca Wellness and Fitness Center, LLC, its shareholders, board of directors, officers, agents, administrators, and employees of all liability for injuries or accidents which may occur during or as a result of my use of such facilities or my participation in such exercise program. I hereby agree to indemnify and hold harmless Seneca Wellness and Fitness Center, LLC, its shareholders, board of directors, officers, agents, administrators, and employees for all causes of action, claims for damages and demands which may be made with respect to any such injuries or accidents.

I further agree to follow any limitations in activity and for equipment use required for my safety. I understand that the risks normally associated with the use of any exercise program and fitness equipment are increased for anyone who is injured, physically compromised, or under medication and I accept full responsibility for my participation in the program.

I fully realize the risks associated with the exercise program and fitness equipment and I intend this to be complete release of Seneca Wellness and Fitness Center, LLC, its shareholders, board of directors, officers, agents, administrators, and employees from any liability.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING RELEASE AND SIGN AS MY OWN FREE ACT.

Client Signature: _____

Date: ____/____/____

Witness Signature: _____



Automatic Credit Card Billing Authorization Form

I, _____, authorize Seneca Wellness & Fitness Center, LLC. (Wellness) to keep my signature on file and to charge my account for recurring (on-going) monthly fees not to exceed \$60.00

Charges of \$_____ are to occur on the 1st day of each month starting _____ (date). I assign my credit card account number to Wellness. I understand that this form is valid until I give a 30-day written notice to cancel the authorization to Wellness.

Client's Name _____

Card Holder's Name _____

(As shown on credit card)

Card Holder's Address _____

City _____ State _____ Zip _____

(Billing address-required)

_____ Visa _____ MasterCard _____ Other _____

Acct.# _____ Exp. Date _____ / _____ / _____

Signature _____

Questions & Answers

- Q. May I set a limit for the amount Wellness can automatically bill?
- A. Yes. The amount is indicated in the appropriate section of the form.

- Q. Will I receive a statement or receipt for the charges automatically billed to my card?
- A. You will receive a copy of this Credit Card Authorization Form. All authorized charges will appear on your monthly statement, just like any other purchase.

- Q. What is an automatic billing procedure?
- A. It is a convenient payment method in which you authorize Wellness to automatically bill your credit card for recurring monthly charges. All charges must be in accordance with your agreement.

- Q. How does the automatic billing procedure work?
- A. The form is used to automatically bill your account for recurring fees. Simply specify the amount, frequency and start date on the form.

- Q. How do I cancel automatic billing?
- A. Provide a written 30-day notice to Wellness.