



UNIVERSITY OF CALGARY

GLA:D® PROGRAM

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VIRTUAL GLA:D® PROGRAM REGISTRATION FORM

PERSONAL INFORMATION

Mr. Mrs. Ms. Dr.

Today's date: DD ____ MM ____ YY ____

Name: _____

Phone number: _____

Address: _____

Work number: _____

Cell number: _____

City: _____

Email: _____

Postal code: _____

Date of birth: DD ____ MM ____ YY ____

Occupation: _____

Employer: _____

JOINT HISTORY

Joint(s) affected: _____

Was this a previous joint injury? If so, when (i.e. year)? _____

Pre- or post-surgery: _____

Surgery date (if applicable): _____

Comments: _____

Mobility (please indicate if you use a mobility device): _____

How do you currently manage your joint health? (e.g. visits to your family physician, surgeon, physiotherapy, chiropractor, massage therapist or additional imaging (MRI, CT, x-rays, ultrasound))

MEDICAL INFORMATION

Gender: Male Female

Height: _____ Weight: _____

Family physician's name: _____

Family physician's phone number: _____

Alberta healthcare number: _____

Are you presently receiving physiotherapy: Yes No

Therapist's name: _____

Location of treatment: _____

Therapist's phone number: _____

Do you have any other medical conditions? (heart disease, diabetes, high blood pressure etc.)

How did you hear about the GLA:D program?

Are you currently taking any medication(s) for your joints (e.g. Advil, Tylenol)? Yes No

If yes, please specify:

Medication	Dosage	Reason for prescription
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently taking any medication(s) for any other reasons? Yes No

If yes, please specify:

Medication	Dosage	Reason for prescription
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_____	_____	_____
_____	_____	_____
_____	_____	_____

What physical activities do you currently participate in, and how often do you participate?

EMERGENCY CONTACT

Mr. Mrs. Ms. Dr.

Name: _____ Phone number: _____

Address: _____ Work number: _____

_____ Cell number: _____

City: _____ Email: _____

Postal Code: _____ Relationship: _____

Will someone be home while you are exercising during class time? Circle one

Yes No Sometimes

Please provide a contact number of someone that can assist you, if necessary, during class time (if this differs from the person listed above). _____

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

1 Have you experienced **ANY** of the following (A to F) **within the past six months**?

- A** A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
- B** A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
- C** Dizziness or lightheadedness during physical activity?
- D** Shortness of breath at rest?
- E** Loss of consciousness/fainting for any reason?
- F** Concussion?

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY

YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤ ➤

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? DAYS/WEEK
 - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? MINUTES/DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).



GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.



<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Email (optional)	Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.
(This completed questionnaire will help the QEP get to know you and understand your needs.)

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

1 Have you experienced ANY of the following (A to F) within the past six months?	
<p>A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?</p> <p><input type="checkbox"/> YES</p>	<p>Physical activity is likely to be beneficial. If you have been treated for heart disease but have not completed a cardiac rehabilitation program within the past 6 months, consult a doctor – a supervised cardiac rehabilitation program is strongly recommended. If you are resuming physical activity after more than 6 months of inactivity, begin slowly with light- to moderate-intensity physical activity. If you have pain/discomfort/pressure in your chest and it is new for you, talk to a doctor. Describe the symptom and what activities bring it on.</p>
<p>B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?</p> <p><input type="checkbox"/> YES</p>	<p>Physical activity is likely to be beneficial if you have been diagnosed and treated for high blood pressure (BP). If you are unsure of your resting BP, consult a health care provider or a Qualified Exercise Professional (QEP) to have it measured. If you are taking BP medication and your BP is under good control, regular physical activity is recommended as it may help to lower your BP. Your doctor should be aware of your physical activity level so your medication needs can be monitored. If your BP is 160/90 or higher, you should receive medical clearance and consult a QEP about safe and appropriate physical activity.</p>
<p>C Dizziness or lightheadedness during physical activity</p> <p><input type="checkbox"/> YES</p>	<p>There are several possible reasons for feeling this way and many are not worrisome. Before becoming more active, consult a health care provider to identify reasons and minimize risk. Until then, refrain from increasing the intensity of your physical activity.</p>
<p>D Shortness of breath at rest</p> <p><input type="checkbox"/> YES</p>	<p>If you have asthma and this is relieved with medication, light to moderate physical activity is safe. If your shortness of breath is not relieved with medication, consult a doctor.</p>
<p>E Loss of consciousness/fainting for any reason</p> <p><input type="checkbox"/> YES</p>	<p>Before becoming more active, consult a doctor to identify reasons and minimize risk. Once you are medically cleared, consult a Qualified Exercise Professional (QEP) about types of physical activity suitable for your condition.</p>
<p>F Concussion</p> <p><input type="checkbox"/> YES</p>	<p>A concussion is an injury to the brain that requires time to recover. Increasing physical activity while still experiencing symptoms may worsen your symptoms, lengthen your recovery, and increase your risk for another concussion. A health care provider will let you know when you can start becoming more physically active, and a Qualified Exercise Professional (QEP) can help get you started.</p>

After reading the ADVICE for your YES response, go to Page 2 of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

YES

If this swelling or pain is new, consult a health care provider. Otherwise, keep joints healthy and reduce pain by moving your joints slowly and gently through the entire pain-free range of motion. If you have hip, knee or ankle pain, choose low-impact activities such as swimming or cycling. As the pain subsides, gradually resume your normal physical activities starting at a level lower than before the flare-up. Consult a Qualified Exercise Professional (QEP) in follow-up to help you become more active and prevent or minimize future pain.

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

YES

Listen to the advice of your health care provider. A Qualified Exercise Professional (QEP) will ask you about any considerations and provide specific advice for physical activity that is safe and that takes your lifestyle and health care provider's advice into account.

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

YES

Some people may worry if they have a medical or physical condition that physical activity might be unsafe. In fact, regular physical activity can help to manage and improve many conditions. Physical activity can also reduce the risk of complications. A Qualified Exercise Professional (QEP) can help with specific advice for physical activity that is safe and that takes your medical history and lifestyle into account.

After reading the ADVICE for your YES response, go to Page 2 of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

WANT ADDITIONAL INFORMATION ON BECOMING MORE PHYSICALLY ACTIVE?

▶ csep.ca/certifications

CSEP Certified members can help you with your physical activity goals.

▶ csep.ca/guidelines

Canadian Physical Activity Guidelines for all ages.

CONSENT TO USE ELECTRONIC COMMUNICATIONS TO PROVIDE TELEHEALTH SERVICES

This template provides guidance as to the type of information that you should consider including in your consent for telehealth services. If you choose to make reference to this template in the development of your own consent form, it should only be used as the starting point for an informed discussion with your patient regarding the use of electronic communications. You should consider adapting and amending it, if you choose to use it, to meet the particular circumstances in which electronic communications are expected to be used with your patient and to accord with the applicable legislation, guidelines and regulations in your jurisdiction.

Service Provider Information

Name: _____

Name of Clinic/Corporation (if applicable):

Address:

Email (if applicable):

Phone (as required for Service(s)):

Patient Information

Name: _____

Address: _____

Email (if applicable):

Phone (as required for Service(s)):

Other account information required to communicate
via the Services

I, _____, acknowledge that in consenting to having _____ (the "Service
(Insert name) (Insert name of provider)

Provider") communicate with and/or provide services through _____,
(Insert name of medium(s) here [email, text, social media, videoconferencing, etc.]

I am aware of the following:

1. *Risks of using electronic communication*

While the Service Provider will use reasonable means to protect the security and confidentiality of information sent and received using electronic communications, because of the risks outlined below, the Service Provider cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications are subject to disruptions beyond the control of the Service Provider that may prevent the Service Provider from being able to provide services
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Service Provider or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using no cost, publicly available services may be more open to interception than other forms of videoconferencing
- There may be limitations in the services that can be provided through electronic communications, dependent on the means of electronic communications being utilized
- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

2. *Conditions of Using Electronic Communications*

- While the Service Provider will endeavour to review electronic communications in a timely manner, the Service Provider cannot provide a timeline as to when communications will be reviewed and responded to. Electronic communications will not and should be used for medical emergencies or other time-sensitive matters.
- Electronic communication may not be an appropriate substitute for some services that the Service Provider offers.
- Electronic communications may be copied or recorded in full or in part and made part of your clinical chart. Other individuals authorized to access your clinical chart, such as staff and billing personnel, may have access to those communications.
- The Service Provider may forward electronic communications to staff and those involved in the delivery and administration of your care. The Service Provider will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.

- Prior to the commencement of the provision of services by the Service Provider through electronic communications, the Service Provider and the patient will establish an emergency protocol to address the following:
 - Steps to be followed in the event of a technical issue that causes a disruption in the services that are being provided by the Service Provider; and
 - Steps to be followed in the event of a medical emergency that occurs during the provision of services.
- The Service Provider is not responsible for information loss due to technical failures associated with your software or internet service provider.
- The Patient will inform the Service Provider of any changes in the patient’s email address, mobile phone number, or other account information necessary to communicate electronically.
- The Patient will ensure the Service Provider is aware when they receive an electronic communication from the Service Provider, such as by a reply message or allowing “read receipts” to be sent.
- The Patient will take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- If the Patient no longer consents to the use of electronic communications by the Service Provider, then the Patient will provide notice of the withdrawal of consent by email or other written communication.

Acknowledgement and Agreement

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communications as described above. I understand and accept the risks outlined above to this consent form, associated with the use of the electronic communications with the Service Provider and the Service Provider’s staff. I consent to the conditions and will follow the instructions outlined above, as well as any other conditions that the Service Provider may impose regarding electronic communications with patients. I acknowledge and agree to communicate with the Service Provider or the Service Provider’s staff using these electronic communications with a full understanding of the risks in doing so.

I confirm that any questions that I had regarding the provision of healthcare services through electronic communications have been answered by the Service Provider.

Name of Patient: _____

Signature of Patient: _____

Witness: _____

Date: _____