

Class Registration Form

Date: _____

Name: _____ Email: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (H) _____ (C) _____ (W) _____

Date of birth: _____ Sex: Male Female

Occupation: _____

Referral: GP Ortho Self Other: _____

Family physician: _____ City: _____

Better Bones

Date of session requested: _____

Has your doctor told you that you have osteoporosis? Yes No

Are you taking medication(s) or supplement(s) for bone health? Yes _____ No

What do you currently do for exercise?

Aerobic – exercises where your heart is beating faster, you're breathing quickly, or you're sweating

_____ days/week, _____ minutes at a time.

Strength – exercises where you work against resistance (e.g., your own body weight like a squat, little weights, using rubber bands)

_____ days/week, _____ minutes at a time.

Balance – exercises where you challenge your balance, feel unsteady, or wobbly (e.g., standing on one foot, dancing)

_____ days/week, _____ minutes at a time.

Posture – exercises where you work on your back muscles, or on standing more upright

_____ days/week, _____ minutes at a time.

Other – any other exercises you do, please describe _____

General Health

_____ Bladder: Normal Abnormal

_____ Infectious skin conditions

_____ Tuberculosis

_____ Hepatitis

_____ HIV

_____ High blood pressure

_____ Low blood pressure

_____ Congestive heart failure

_____ Heart disease

_____ Heart attack: When? _____

_____ Stroke: When? _____

_____ Pacemaker or similar device

_____ Allergies: Type _____

_____ Cancer

_____ Digestive disorders: Type _____

_____ Epilepsy

_____ Hemophilia

_____ Hypoglycemia

_____ Pins, plates, prosthesis

_____ Arthritis

_____ Diabetes

_____ Dizziness

_____ Ear aches

_____ Hernia

_____ Headaches: Type _____

_____ Vision or hearing loss

_____ Loss of sensation

_____ Chronic cough

_____ Bronchitis

_____ Shortness of breath

_____ Asthma

_____ Ephysema

Women

_____ Pregnant

_____ Number of children

_____ Painful menstruation

_____ Menopause

Cheques must be payable to "GOOD PRACTICE PHYSIOTHERAPY."

To secure participation, your cheque must be received prior to class date.

Signature: _____