

## Heart & Diabetes Wellness Program Overview and Registration Process

Improve cardiovascular and metabolic health in this social and supportive setting led by certified exercise professionals who create and accommodate individually-paced workouts using treadmills, other cardio machines and light resistance apparatus. These unique programs support life-long physical activity by transitioning from a medical to community-based fitness program after cardiovascular surgery. They are also suitable for those with heart-health risk factors and/or diabetes who have been recommended to exercise by a health care professional.

There is a continual intake of participants throughout the year. Medical clearance is required prior to commencing with this physical activity program.

### Class options:

- 3 days per week: Monday/Wednesday/Friday
- 2 days per week: Tuesday/Thursday
  - Sep-Dec, Jan-Mar, Apr-Jun and Jul-Aug
  - 8:00am-9:00am

### Fees:

- 3 days per week: \$61.80 + tax /month
- 2 days per week: \$41.25 + tax /month
- Paid in full at time of registration or by pre-authorized monthly credit card payments

### Location:

- Garratt Wellness Centre, 7504 Chelsea Place, Richmond, BC.

### Registration:

- 1) Screening and Consent Forms can be found at: [www.richmond.ca/fitness](http://www.richmond.ca/fitness) under Specialized Physical Activity Programs. Please fill out Parts I-III.
- 2) Please bring this form to your Physician or Cardiologist to complete Part IV.

If you have recently graduated from the VCH Richmond or St. Paul's Healthy Heart program, you do not require completion of Part IV. Instead, submit your Exercise Summary and Referral to Community Heart Wellness Exercise forms provided by your Healthy Heart program.

- 3) Contact Danny Ronquillo at [dronquillo@richmond.ca](mailto:dronquillo@richmond.ca) or 604-238-8010 to register.

Please note: medical clearance must be renewed regularly by completing and resubmitting parts of the Heart & Diabetes Wellness Screening and Consent Form.

- If your medical status changes, please complete the form in full
- If your medical status is stable, please complete Part IV before registering for a second year
  - We recommend seeing your physician for renewed clearance for one year
  - However you may begin by calling HealthLink BC at 8-1-1 and ask to speak to a Physical Activity Specialist. HealthLink BC is a free resource and can perform your initial screening and advise as to whether a visit to your physician is required. HealthLink BC will provide you with a Physical Activity Clearance Documentation Form, which can be submitted for renewal purposes and is good for six months.

# Heart & Diabetes Wellness Screening and Consent Form

## Part I: General

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Birth Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

How did you find out about this program? \_\_\_\_\_

Does your physician know that you are taking this program?  Yes  No

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## Part II: Medical Screening

### 1. Do you have diabetes? No Yes

If you've answered yes, please answer the following:

- Number of years with diabetes? \_\_\_\_\_  Type I  Type II  Border-line  
(Please bring your blood glucose monitor to class each time)
- Have you had diabetes education in the past?  No  Yes When? \_\_\_\_\_
- What is the range of your blood sugar test results (lowest to highest)? \_\_\_\_\_
- Neuropathy?  No  Yes If yes, area(s) effected and degree: \_\_\_\_\_
- Renal Disease?  No  Yes Nature of condition: \_\_\_\_\_

### 2. Do you have heart problems? No Yes

If you've answered yes, please answer the following:

- Congestive Heart Failure?  No  Yes If yes, when: \_\_\_\_\_
- Heart attack?  No  Yes If yes, when: \_\_\_\_\_
- Angina Pectoralis (chest pain with activity)?  No  Yes
- Angiogram?  No  Yes If yes, when: \_\_\_\_\_
- Angioplasty?  No  Yes If yes, when: \_\_\_\_\_
- Arrhythmias (irregular heart beat)?  No  Yes
- Intermittent Claudication?  No  Yes
- High blood pressure (hypertension)?  No  Yes
- Cardiac related surgery?  No  Yes If yes, please describe: \_\_\_\_\_
- Stroke?  No  Yes
- History of breathing or lung problems (Asthma or COPD)?  No  Yes If yes, please explain: \_\_\_\_\_
- Other?  No  Yes If yes, please explain: \_\_\_\_\_

**3. Do you have any of the following?**

- Muscle or joint disorders?       No       Yes      If yes, please describe: \_\_\_\_\_
- Arthritis?       No       Yes      If yes, type of arthritis and area affected:  
\_\_\_\_\_
- Osteoporosis?       No       Yes      If yes, area affected: \_\_\_\_\_
- Have you ever seen a doctor regarding back pain before       No       Yes      If yes, what was diagnosed? \_\_\_\_\_  
\_\_\_\_\_
- Have you had a surgical operation on your back?       No       Yes      If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Hernia or any condition that may be aggravated by lifting weights?       No       Yes      If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Thyroid condition?       No       Yes

**4. Please answer the following:**

- Are you a current smoker?       No       Yes
- Are you physically active?       No       Yes      If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- Do you experience loss of balance or dizziness?       No       Yes      If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- Are you currently overweight/obese?       No       Yes      If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**5. Please list all medications you are taking and for which condition.**

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**6. Do you have any other medical conditions or concerns?**

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