City of Richmond

Heart Wellness
Program Overview and Registration Process

Community Services Division
Garratt Wellness Centre

Improve cardiovascular and metabolic heath 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: Mon/Wed/Fri
- 2 days per week: Tue/Thu
- Sep–Dec, Jan–Mar, Apr–Jun and Jul–Aug
- 8:00–9:00am

Fees:

- Visit www.richmond.ca/register and search “Heart Wellness”.
- Paid in full at time of registration.
- The Recreation Fee Subsidy Program is available for people living in Richmond who are in financial hardship. More information and the application form can be found at www.richmond.ca/subsidy.

Location:

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

Registration:

1. Screening and Consent Forms can be found at: www.richmond.ca/fitness under Specialized Physical Activity Programs. Complete Parts I–III.
2. Bring 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 Donna Bishop at dbishop@richmond.ca or 604-238-8004 to register.

Note: Medical clearance must be renewed regularly by completing and resubmitting parts of the Heart Wellness Screening and Consent Form.

- If your medical status changes, recomplete the form in full.
- If your medical status is stable, recomplete Part IV before registering for a second year.
  - It’s recommended to see your physician for renewed clearance for one year.
  - However you may begin by calling HealthLink BC at 8-1-1 and ask to speak with a Physical Activity Specialist (PAS). HealthLink BC is a free resource and a PAS 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 valid for six months.

City of Richmond

Heart Wellness Screening and Consent Form

Community Services Division
Garratt Wellness Centre

Part I: General

Name:_____ Program:_____

Today's Date:_____ Birth Date (DD/MM/YYYY):_____ o Male o Female

Home Address:_____ Postal Code:_____

Home Phone:_____ Work:_____ Other:_____

Email 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? o Yes o No

Part II: Medical Screening

1. **Do you have diabetes?** o **No** o **Yes** *If yes, answer the following:*
   (Bring your blood glucose monitor to class each time.)
   - Number of years with diabetes?_____ o Type I o Type II o Borderline
   - Have you had diabetes education in the past? o No o Yes
     When?_____
   - What is the range of your blood sugar test results *(lowest to highest)*?_____
   - Neuropathy? o No o Yes
     Area(s) affected and degree:_____
   - Renal Disease? o No o Yes
     Nature of condition:_____

2. **Do you have heart problems?** o **No** o **Yes** *If yes, answer the following:*
   - Congestive Heart Failure? o No o Yes When:_____
   - Heart attack? o No o Yes When:_____
   - Angina Pectoralis *(chest pain with activity)*? o No o Yes
   - Angiogram? o No o Yes When:_____
   - Angioplasty? o No o Yes When:_____
   - Arrhythmias *(irregular heart beat)*? o No o Yes
   - Intermittent Claudication? o No o Yes
   - High blood pressure *(hypertension)*? o No o Yes

- Cardiac related surgery? o No o Yes
  Describe:_____
- Stroke? o No o Yes
- History of breathing or lung problems *(Asthma or COPD)*? o No o Yes
  Explain:_____
- Other? o No o Yes
  Explain:_____

3. Do you have any of the following?

- Muscle or joint disorders? o No o Yes
  Describe:_____
- Arthritis? o No o Yes
  Type of arthritis and areas affected:_____
- Osteoporosis? o No o Yes
  Areas affected:_____
- Have you ever seen a doctor regarding back pain before? o No o Yes
  What was diagnosed?_____
- Have you had a surgical operation on your back? o No o Yes
  Explain:_____
- Hernia or any condition that may be aggravated by lifting weights? o No o Yes
  Explain:_____
- Thyroid condition? o No o Yes

4. Additional questions:

- Do you currently smoke? o No o Yes
- Are you physically active? o No o Yes
  Describe: _____
- Do you ever experience loss of balance or dizziness? o No o Yes
  Describe:_____
- Are you currently overweight/obese? o No o Yes
  Explain:_____

5. List all medications you are currently taking and for which conditions.

_____

_____

_____

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

_____

_____

_____

_____

Part III: Informed Consent

I understand that the Richmond Heart Wellness Program will provide me with a physical activity program that will include activities designed to place a gradually increasing workload on the cardiovascular system. I understand that the reaction of the system to such activities cannot always be predicted with complete accuracy and therefore there is a risk associated with exercising. I also understand and accept that these risks may occur during or following an exercise session. I understand and accept the risks of participating in physical activity, including the risks resulting from my participating in the Richmond Heart Wellness Program, and that I may suffer personal injury while participating in the program.

By signing this release, I assume all the risks of injury, loss or expense of any kind resulting from my participation in the program. I will not hold the City of Richmond or the staff associated with the program liable for any injury, loss or expense suffered as a result of my participation. This release will apply to each and every session that I participate in the program.

I have read, understood and fully agree to the foregoing. Any questions I had have been answered to my satisfaction.

Signed on the _____ day of (month) _____, 20_____

By:_____ _____
Participant's signature Printed name

Part IV: Consent of Referral – Physician or Cardiologist

(Complete the following or attach a copy of patient discharge summary)

Date:_____

Risk stratification for exercise: o Low o Moderate o High

Recommended target heart rate:_____ Rate of perceived exertion:_____ /10

Hypertension: o No o Yes Blood pressure:_____ Date:_____

A1C:_____ Date:_____

Lipid profile: Total:_____ HDL:_____ LDL:_____ Triglycerides:_____

VLDL:_____ Cholesterol:_____

Exit Exercise Stress Test Date:_____ o Modified Bruce o Bruce Protocol Time:_____

Current BMI:_____

Identify any recommendations or restrictions for your patient's fitness program below:

o This patient is medically stable and safe to continue in the Richmond Heart Wellness Program.

o I recommend avoidance of _____.

o Unrestricted physical activity, start slowly and build up gradually.

I consider my patient _____, to be a reasonable candidate for the Richmond Heart Wellness Program. Further, I understand this is a community wellness program without medical supervision, which is suitable for my patient.

_____ _____
Physician's Signature Print Name

_____ _____
Cardiologist's Signature Print Name