



First Steps Wellness Centre Inc. Client Application Form

In an effort to provide the most safe and effective programs, First Steps Wellness Centre Inc. ("First Steps") requires all Clients to complete this application. Information contained on this application will remain confidential.

Please complete the application and send it to:

owenc@fswcregina.ca

After your application is reviewed, our office will contact you by e-mail or phone. The completion of this application does not guarantee your participation in our program.

Client Information

Client Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email (Required): _____

Contact Information (if different than above)

Client Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email (Required): _____

First Steps sends our Client's billing invoices via email, please provide your billing email address above.

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Please note First Steps requires all Clients to maintain a healthy weight. For the safety of our staff, all Clients must meet average height to weight parameters.

Level of Spinal Cord Injury: _____ Complete or Incomplete Diagnosis: _____

Date of injury: _____ Asia Level/Score: _____

How were you injured? _____

At what hospital were you treated? _____ City/State: _____

Treating physician: _____ Date of Last Medical Examination: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Phone (home): _____ Phone (work): _____

List any assistive devices you use in your everyday life, even if only at home (ie: crutches, walker, wheelchair (manual or motorized), KFO, AFO, Abdominal Binder: _____

Describe your physical abilities include controlled movements, tone or spasms. Be as specific as possible:

Upper Extremity (Example of tone and spasm: fists clench, biceps spasm causing the elbow to bend or triceps spasm causing the elbow to lock):

Trunk: Can you maintain balance with sitting with no support? When you lie flat on your back do you get a strong contraction through your stomach that knocks the wind out of you? Does your lower back spasms and pulls you down into a supine position from a sitting position? _____

Lower Extremity (Example: Your toes point or heels tap while seated in your chair (calf spasm), when you lie down flat on your back, your legs kick up (quadriceps spasm) or knees pull to your chest (hamstrings/hip flexors spasm)):

Please list any physical problems or special considerations (IE: osteoporosis/osteopenia, knee instability, joint/muscle disorder, obesity, hypersensitivity, rods in back, other health issues):

Previous rehabilitation (if any): _____ Date Last Attended: _____

Results: _____

Have you had a recent bone density assessment? YES NO

If so, please attach a copy of the report with the doctor's interpretation.

Results: Normal _____ Other: _____

NOTE: All Clients over 6 months post injury must obtain a bone density assessment and are required to submit a copy of the bone density report with the doctor's interpretation before their first session at First Steps. We do not interpret bone density reports. Clients must update bone density assessment annually.

Please list the type, dosage, frequency and function of all medications you are taking:

<u>Medication Type</u>	<u>Dosage mg/day</u>	<u>Type (Function)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer **Yes** or **No** to the following. Indicate "**Yes**" for those that apply to you at present or have applied to you in the past:

History of chest pain: _____

History of heart disease or any other heart/valve disorder: _____

Any chronic illness or condition: _____

High Blood Pressure: _____ Low Blood Pressure: _____ Difficulty with physical exercise: _____

Osteoporosis: _____ Osteopenia: _____ History of Pathological fracture: _____

Advice from your doctor not to exercise: _____

Recent surgery (Other than SCI in the last 12 months): _____

Pregnancy (now or within the last 3 months): _____

Breathing/Lung Problems: _____ Asthma: _____ Any other disease of the lungs: _____

Muscle, joint or back disorder, or any previous injury still affecting you: _____

Diabetes: _____ Thyroid condition: _____ Cigarette smoking: _____

If yes, how many packs per day? _____ High Cholesterol: _____ Obesity: _____

History of heart problems in the immediate family: _____

Hernia, or any condition that may be aggravated by intense exercise: _____

Are you aware of any disease or disorder that would complicate your participation in an exercise program, other than the medical conditions you have checked above? _____

If yes, please explain: _____

Has your physician approved your participation in an intense exercise program? YES NO

NOTE: This is required prior to your first session at First Steps.

Are you accustomed to vigorous exercise? _____

Is there any reason not mentioned here why you should not follow a regular exercise program? If yes, please explain: _____

Please make any other comments you feel are pertinent to your exercise program:

I have completed this Application to the best of my knowledge in order to make known any diagnosed medical problems or characteristics that may increase the risk of health problems, signs or symptoms indicative of health problems and lifestyle behaviors related to positive or negative health, which will enable First Steps to determine if medical clearance is needed before beginning an exercise program. I understand that if necessary, First Steps reserves the right to request medical clearance which may involve a bone scan and physician's evaluation and approval before beginning any exercise program, and has the right to deny my participation in the program if requests are not fulfilled.

I also understand that participating in the program at First Steps while under the influence of any controlled or uncontrolled substance is strictly prohibited.

Please print your name clearly: _____

Signature: _____ **Date:** _____

If under 18, name of parent or guardian: _____ **Relationship:** _____

Parent or guardian's signature: _____ **Date:** _____

Service Agreement

THIS SERVICE AGREEMENT (this "Agreement"), entered into this _____ day of _____, 20____, between First Steps Wellness Centre Inc. ("First Steps" or "We"), and _____, (hereinafter referred to as "You" or "Client").

AGREEMENT

First Steps, a PROJECT WALK Certified Spinal Cord Injury Recovery Provider, agrees to provide you with certain exercise programming, personalized training and related spinal cord injury recovery services (the "Services"). This Agreement contains the terms and conditions which will govern the provision of Services to you by First Steps, and your participation in such Services and related activities at First Steps' facilities.

1. Reservations. To guarantee Client's participation in a training program, First Steps requires an initial deposit of \$200. Once the deposit is paid, Client's name will be placed on a waiting list. Once Client is accepted into the program, the deposit will be applied to the cost for the Client's first week of training.
2. Scheduling Appointments. Clients may schedule appointments by contacting staff members at First Steps. Appointments will be scheduled two weeks in advance. First Steps will do its best to accommodate Client's availability when scheduling appointments.
3. Cost and Payment Training rate is \$80.00 per hour. Cost is based on the number of hours that Client will train. Costs are subject to change without notice. First Steps requires Clients to pay all training costs in advance at least two (2) weeks prior to scheduled appointments. Payment can be arranged through First Steps' administrative staff. First Steps will accept cheque or credit card payments
4. Appointment Cancellation. All requests to cancel a scheduled appointment must be received at least two (2) weeks prior to the scheduled appointment. If such requests are not received in time, Client will forfeit its deposit and any other amounts that have been paid in advance for the training. First Steps will not issue refunds for cancellations made within two weeks of a scheduled appointment.
5. Appointment Rescheduling. All requests to reschedule a scheduled appointment must be received with at least 24 hour notice. Appointments are forfeited with less than 24 hours of notice. First Steps will attempt to reschedule missed appointments according to the Client's wishes but First Steps cannot guarantee the availability of any specific dates/times.
6. Initial Consultation. Your first visit to First Steps will include an initial consultation. During your initial consultation, we will review your paperwork and answer any questions that you may have. Once on the floor, we will do an evaluation of your abilities and the remainder of your appointment will be used for training. Your initial consultation is considered part of your training so cost for the initial consultation will be the same as the cost for training.
7. Third Party Payment. Please understand that Clients are responsible for payment, regardless whether training costs are ultimately funded by third parties such as charities, trusts, etc. We are unable to follow up with these organizations on your behalf. Additionally, Clients will have to work directly with the organizations for any reimbursements to Client accounts.
8. Release and Indemnity. Client acknowledges that activities at First Steps in which Client participates can be an extreme test of Client's physical and mental limits. Such activities carry the potential for severe physical injury. Many individuals with spinal cord injuries have or are at risk for osteoporosis or osteopenia, both of which bring added risk for bone fractures. Any bone can be affected but of special concern are fractures of the hip and spine which can lead to serious consequences and complications for those who suffer such injuries. Bone fractures are just one example of the risk factors associated with the type of strenuous physical activity that will be undertaken at First Steps.

In light of the above, Client hereby assumes the risks of participating in any and all of the Services provided by First Steps and any activities and functions at First Steps' facilities. Client warrants that

Client is able to participate in the Services and has not been advised otherwise by a qualified medical person. Client understands that the Services do not constitute or include medical treatment, diagnosis or advice. Client understands that Client should seek the advice of a physician or other qualified health provider if Client has questions about a medical condition. Client certifies that in consideration of becoming a Client of First Steps, Client hereby takes the following action for itself, its executors, administrators, heirs, successors and assigns:

ASSUMPTION OF RISK: Participation in the Services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as bone fractures, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including further paralysis and death. Client hereby asserts that participation in the Services is voluntary and Client knowingly assumes all such risks.

RELEASE: In consideration for being permitted to participate in the Services and other activities at First Steps' facilities that, Client does hereby release and hold harmless, forever discharge and covenant not to sue First Steps or its directors, officers, staff, employees, volunteers and/or the agents of each of them, from and against any and all losses, liabilities, claims, actions and causes of action, by reason of any personal injury, accident, illness, death or property loss or any other consequence resulting directly or indirectly from or in any manner arising out of, in connection with or related to the Services or Client's participation in any activities at First Steps' facilities, even if due to the negligence of First Steps or any employee, volunteer, director, officer or agent thereof.

INDEMNITY: Client will indemnify and hold harmless First Steps and its employees, staff, volunteers, directors, officers and/or agents from any and all claims, demands, suits, actions, causes of action, procedures, costs, damages, losses and liabilities of any nature whatsoever, including but not limited to legal fees on a solicitor client basis, arising from, in connection with or related to the Services or any other activities at First Steps facilities, even if due to the negligence of First Steps.

The provisions contained in this Section 8 shall survive the termination of this Agreement

9. Termination of Services. Either party may terminate this Agreement at any time, for any reason, with or without cause or notice. In the event of termination by Client, Client is liable for payment of all fees for appointments which are scheduled within the two weeks following the date of termination.

10. Medical Information Update. In order for us to best serve our Clients, all Clients are required to immediately notify First Steps of any changes in medical condition. Such conditions include but are not limited to blood clots, pressure sores, recent falls, any skin issues, recent bone fractures and sprains as well as any change in prescribed medications. Depending on condition, written medical clearance may be required before reentering the program.

11. Skin Checks. Proactive, preventative skin checks should be a daily priority for all First Steps Clients. It is the Client's responsibility to perform skin checks every day, especially after a workout, and to inform First Steps immediately upon development of a blister or skin breakdown that could potentially interfere with your participation in the Services, or lead to further injury. If First Steps is unaware of your skin problem, your workouts will continue as scheduled and your minor skin issue may eventually become a full blown pressure sore. If this occurs, it will definitely keep you out of this program and slow your recovery.

12. Confidentiality. By accepting Services from First Steps, Client acknowledges and agrees that First Steps utilizes The Dardzinski Method™ for treatment of spinal cord injury which has been developed by Project Walk Spinal Cord Injury Recovery ("Project Walk") in Carlsbad, California, USA through the expenditure of substantial time and money. First Steps and Project Walk desire to retain The Dardzinski Method™ in trust and confidence and prevent those who are not properly trained and are not authorized by Project Walk from using The Dardzinski Method™. Therefore, Client agrees not to disclose what Client learns about The Dardzinski Method™ to persons other than certified Project Walk Specialists without First Steps' prior express written consent.

13. Consent to Use of Materials. By signing this Agreement and by participating in the Services and activities at First Steps' facilities, Client gives First Steps a perpetual, worldwide, royalty-free,

sublicenseable, assignable license to use Client's name, voice, visual likeness, photographs and film of Client (collectively, the "Materials") to use, adapt, modify, reproduce, distribute, publicly perform and display, in brochures, advertisements, commercials, on the First Steps website and in any form now known or later developed. Client understands and agrees that First Steps shall be the exclusive owner of all title and interest, including copyright, in any and all works containing the Materials.

14. Entire Agreement. This Agreement constitutes the entire agreement between the parties hereto and supersedes all prior agreements, representations, promises and arrangements, whether oral or written, with respect to the subject matter hereof.

Client hereby confirms that he/she has read this document, understands all of its contents, and agrees to the terms and conditions contained in this Services Agreement. If under 18, a parent or guardian must sign.

Client Printed Name

First Steps Printed Name

Client Signature
(If under 18, signature of parent or guardian is required)

First Steps Signature

Date

Date