



## CLIENT APPLICATION

In an effort to provide the most safe and effective program, it is necessary for all clients to complete this application in its entirety. All information will remain confidential. If the client is under the age of 18 a parent or guardian must sign the application. After your application is reviewed, our office will contact you by e-mail or phone.

### CONTACT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Level of Spinal Cord Injury \_\_\_\_\_ Complete/Incomplete \_\_\_\_\_

Date of Injury \_\_\_\_\_ Asia Level/Score \_\_\_\_\_

How did the injury occur? \_\_\_\_\_

At what hospital were you treated? \_\_\_\_\_ State \_\_\_\_\_

Treating Physician \_\_\_\_\_ Date of Last Medical Exam \_\_\_\_\_

### In case of emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell/Work) \_\_\_\_\_

### MEDICAL INFORMATION

**\*Please also fill out attached Par-Q Health History Form.**

Please list all medications you are using.

Are you currently participating in a physical/occupational physical therapy program? If so, where? If not, when did you last attend? Please comment on your experience.

Are you currently participating in a home exercise program? How often per week?

How are your transfers? Bed mobility?

Any spasms? If so, briefly explain.

Any Autonomic Dysreflexia? If so, list symptoms.

Do you have a history of urinary tract infections (UTI)? When was your most recent?

Do you have a history of pressure sores/skin breakdown? If so, please list areas affected.

\*Please understand that it is your responsibility to notify Race to Walk of any skin irritation/possible pressure sores. Please initial if you understand this policy\_\_\_\_\_

Do you have any heterotrophic ossification (HO)? If so, where?

Do you currently or have you ever had any deep vein thrombosis?

Do you have bowel/bladder control?

**Describe your physical abilities. Be as specific as possible.**

Upper extremity:

Trunk (IE Can you sit up/rotate?):

Lower Extremity:

Please list any physical problems or special considerations (IE osteoporosis/osteopenia, joint/muscle disorder, obesity, diabetes, rods in back...):

**Please indicate your level of sensory ability. Indicate above/below level of injury, left/right side of body, and any changes that have occurred since the spinal cord injury.**

Briefly describe areas that have normal sensation below the level of injury:

Briefly describe the areas below the level of injury that have little to no sensation:

Briefly describe muscles that have normal movement below the level of injury:

Briefly describe muscles that have weakness or no movement below the level of injury:

Pain (IE Can you feel it? Are you overly/under sensitive to pain?)

Hot/Cold:

Deep/Light touch:

Any tingling/burning sensation?

Sweating above/below level of injury?

Proprioception (If your eyes are closed, can you tell where your arms/legs are)?

\* A bone density scan from within the last year is required. Please send a copy of the results.

### **PERSONAL INFORMATION**

The following questions are applied to our strategy to train our clients in a manner that best motivates them. These questions will help us know you better as a person and evaluate the view you take upon yourself. The general goal is to teach our clients the mental skills necessary to perform consistently in training and to help them realize their potential as people and athletes striving for a common goal.

What are your short and long-term goals? Be as specific as you would like:

Please list major stressors in your life:

What do you do to relax? What hobbies do you have?

Please include any additional information that you feel is pertinent to your exercise program:

Attach a picture if you would like:

(click above to insert picture)



## Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor.

**Common sense is your best guide when you answer these questions. Please read the question carefully and answer each one honestly by checking YES or NO.**

	Yes	No
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		

### If you answered yes to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

### No to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

### Delay becoming much more active:

If you are not feeling well because of a temporary illness such as cold or a fever - wait until you feel better; or if you are or may be pregnant - talk to your doctor before you start becoming more active.

*Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.*

### Informed Use of the PAR-Q.

Race to Walk assumes no liability for persons who undertake physical activity and if in doubt after completing this questionnaire consult your doctor prior to physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature \_\_\_\_\_ Please Print \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or GUARDIAN \_\_\_\_\_