



First Steps Wellness Centre

Client Application Form

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

Please complete application and send it to:

info@fswcregina.ca

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

Client Information:

Client Name: _____ Date: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Sex: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Email (required): _____

In case of emergency, please notify:

Name: _____ Relationship: _____
Phone (home): _____ Phone (cell): _____

Medical Information:

Neurological Condition/ Diagnosis: (Check all that apply):

- Acquired Brain Injury Cerebral Palsy Multiple Sclerosis Spinal Cord Injury Spinal Tumor
 Stroke Parkinson's Other (please describe):

Is there anything else we should know about your condition? (i.e. if Cerebral Palsy, Stroke, MS what type?) _____

If Spinal Cord Injury or Acquired Brain Injury: What was the cause of injury?

Level of Injury _____ Complete Incomplete Asia Level/Score _____
 Date of injury or diagnosis: _____

Family physician? _____ Neurologist? _____

At what hospital were you treated? _____

Treating physician? _____

Current Psychiatrist: _____ Date of last medical examination: _____

Previous rehabilitation (if any): _____ Date last attended: _____

Results of rehabilitation: _____

Any surgical hardware/implants (rods, screws, plates, shunts, pumps, deep brain stim, etc.):

Please indicate type and location: _____

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

Medication:	Dosage (mg/day):	Type (function):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of heart disease or any other heart/valve disorder:	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of heart problems in the immediate family:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pacemaker:	<input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Low blood pressure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty with exercise:	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of pathological fracture:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Osteoporosis or Osteopenia:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnancy (now or within last 3 months):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other disease/problem of the lungs:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thyroid condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No
High cholesterol:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cigarette smoking:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obesity:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Balance or vestibular issues:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizure disorder:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscle, joint or back disorder, or any previous injury still affecting you:	<input type="checkbox"/> Yes <input type="checkbox"/> No
More than 1 fall in the past 3 months:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any advice from your doctor not to exercise:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent surgery in the past 12 months:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any chronic illness or condition that may be aggravated by intense exercise? If yes, please explain: _____

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:

Assistive devices used throughout your week: (Check all that apply)

- Wheelchair (electric) Wheelchair (manual) Scooter Walker (4 wheeled) Crutches
- Cane Orthoses (AFO) Orthoses (KAFO) Abdominal Binder Other devices used please list: _____

Sensory and motor presentation. Please be as specific as possible.

Briefly describe if there are areas of your body that have altered, little, or no **sensation**:

Briefly describe if there are areas of your body that have little or no **motor control**:

Briefly describe any spasticity, tone or tremors (location, time of day, duration, triggers):

What therapies or treatments have you tried in the past, or are currently ongoing? (i.e. massage, acupuncture, physiotherapy, stem cells, etc.)

What are your goals, reasons, or health concerns for coming to First Steps Wellness Centre?

How did you hear about First Steps Wellness Centre?

Family/ Friends Facebook Internet/ website Referral Other: _____

Has your doctor cleared you to participate in an intense exercise program?

YES NO

*Please note that a physician's note stating clearance to participate in an intense exercise program is required prior to participation in First Steps Wellness Centre's Programming.

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: _____

NOTE: Clients over 6 months post spinal cord injury, or clients that use a wheelchair for mobility may be required to obtain a bone density assessment and submit a copy with the doctor's interpretation before their first session at First Steps Wellness Centre. We do not interpret bone density reports. It is recommended and may be required that you get a bone density assessment annually.

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 Wellness Centre to determine if medical clearance is needed before beginning an exercise program. I understand that if necessary, First Steps Wellness Centre 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 Wellness Centre 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: _____

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

Service Agreement – First Steps Wellness Centre

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

AGREEMENT

First Steps Wellness Centre, a Certified Spinal Cord Injury Recovery Provider of the "First Steps System"TM, 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. Scheduling Appointments. Clients may schedule appointments by contacting Sandi Marshall - sandim@fswcregina.ca at First Steps. First Steps will do its best to accommodate the Client's availability when scheduling appointments.

2. Cost and Payment. Therapy rate is presently \$110.00 per hour. 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 for intensives. First Steps Clients will be invoiced at the end of each month. Payment can be arranged through First Steps' administrative staff. First Steps will accept e transfer, cash, cheque, debit or credit card payments. **All payments must be made within 30 days of invoicing or else future appointments will be postponed until payment is received.**

3. 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.

4. Appointment Cancellation. All requests to cancel a scheduled appointment must be received with at least 24-hour notice. Cancellations within 24 hours are subject to a one-hour charge. No shows and cancellations within 2 hours of the appointment time are subject to the full appointment being charged.

5. 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 therapy however, there is no cost for the initial consultation.

i). There will be a one-hour fee for a Functional Electrical Stimulation Assessment and personalized settings.

ii) There will be a one-hour fee for an Enrich Assessment and personalized program.

6. Third Party Payment. Please understand that Clients are responsible for payment, regardless of whether training costs are ultimately funded by third parties such as insurance, health plans, Workers Compensation, charities, trusts, government funding, 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.

7. Release and Indemnity. Client acknowledges that activities at First Steps, in which the 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 and other neurological conditions 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, the Client hereby takes the following action for himself or herself, his/her executors, administrators, heirs, successors and assigns:

i) **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.

ii) **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.

iii) **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 6 shall survive the termination of this Agreement

8. **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.

9. **Medical Information Update.** 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 re-entering the program.

10. **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 keep you out of this program and slow your recovery.

11. **Confidentiality.** By accepting Services from First Steps, Client acknowledges and agrees that First Steps utilizes "The First Steps System"™ for treatment of spinal cord injury and neurological conditions which has been developed by First Steps Wellness Centre Inc. as its methods for Neurological Recovery in Regina, Saskatchewan, Canada, over the course of a number of years, through the expenditure of substantial time, research, and money. It is intended to retain "The First Steps System"™ in trust and confidence and prevent those who are not properly trained and are not authorized by First Steps Wellness Centre Inc. of Regina, SK (the Licensor/Parent Organization), from using "The First Steps System™". Therefore, Client agrees not to disclose what Client learns about "The First Steps

System”™ to persons other than certified First Steps Specialists, without the prior express written consent of First Steps Wellness Centre Inc., of Regina, SK.

12. 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, sub licensable, 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.

13. 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

Printed Name of Authorized Representative of
First Steps Wellness Centre

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

Signature: First Steps Wellness Centre

Date

Date