

Rancho Los Amigos Well-Fit Registration

MEMBER INFO:

Date: _____

Last Name: _____ First Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work/Cell: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Name of Primary Care Physician: _____ Phone: _____

Are you, or have you been a Rancho Patient? Yes _____ No _____ When? _____ RLANRC #: _____

List any medical precautions/limitations _____

Hobbies/Interests: _____

Currently I exercise:

- | | |
|---|--|
| <input type="checkbox"/> Once per week | <input type="checkbox"/> 0-10 minutes |
| <input type="checkbox"/> 2-3 times per week | <input type="checkbox"/> 10-20 minutes |
| <input type="checkbox"/> 4+ times per week | <input type="checkbox"/> 25-35 minutes |

My health and wellness goals are to:

- | | |
|---|---|
| <input type="checkbox"/> Learn more about _____ | <input type="checkbox"/> Improve nutrition |
| <input type="checkbox"/> Meet new people | <input type="checkbox"/> Decrease pain |
| <input type="checkbox"/> Eat healthier | <input type="checkbox"/> Lower blood pressure |
| <input type="checkbox"/> Increase my level of physical activities | <input type="checkbox"/> Lower cholesterol |
| <input type="checkbox"/> Have fun/find new hobbies | <input type="checkbox"/> Other: _____ |

Health History/Relevant Health Data (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> History of cancer or lymphedema | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Hyper or hypothyroidism | <input type="checkbox"/> Currently using continence products or medication |
| <input type="checkbox"/> Heart attacks | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Currently taking anti-spasticity medications |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Taking blood pressure medication | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Irregular heart beat | <input type="checkbox"/> Taking medications for heart related conditions | <input type="checkbox"/> Abnormal blood sugar |
| <input type="checkbox"/> Bypass or cardiac surgery | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Bone or joint disease |
| <input type="checkbox"/> Pacemaker or IACD | | |
| <input type="checkbox"/> History of stroke | | |

During the last two weeks have you experienced any of the following (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Stomach pain | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Pain in your arms, legs, or joints (knees, hips, etc) | <input type="checkbox"/> Dizziness, light headedness, or fainting |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Feeling your heart pound or race |
| <input type="checkbox"/> Pain or problems during sexual intercourse | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Numbness or tingling in arms or legs | <input type="checkbox"/> Constipation, loose bowels, or diarrhea |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Nausea, gas, or indigestion |

Return form to your Instructor, or Barb Phillips OP OT, Bldg 900, room 89;

or Fax to: (562) 401-6167

To be filled out by my RLANRC Wellness Coach:

If interested in participating in classes that entail physical activity please obtain vitals at this time.

HR: _____ BP: _____ Oxygen: _____

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<i>Class Offerings</i>	<i>Registered in</i>	<i>Interested in</i>
MIND		
American Diabetes Association Support Group		
Ask the SCI Expert		
Caregiver Support Group		
Driver Education Series		
Stroke Education Series		
Spinal Cord Injury Support Group		
Vestibular Support Group		
BODY		
Adaptive Ballroom Dancing		
\$ Adaptive Winter Sports		
\$ Aquatics		
Exercise in Motion		
F. A. S. T. Class		
Pilates		
Tai Chi/Balance		
Intro to Wheelchair Sports		
Wii Fitness		
Weight Watchers		
Zumba!		
SPIRIT		
Aroma Therapy /Guided Imagery		
Craft Class		
Game Time!		
Gardening		
I am All That (Self-Esteem)		
Journaling		
Live Your Best Life		
The Performing Arts of Rancho		
Relaxation and Stress Management		
Recycling Group		
\$ Sailing		
\$ Therapeutic Horseback Riding		

All classes are not always available

\$ = Class will cost a fee to register