

ONE STEP at the YMCA INTAKE FORM



Name: _____ Today's Date: _____
Date of Birth: _____ Age: _____
Preferred phone: _____ (home/cell) Alternate phone: _____ (home/cell)
Address: _____

Emergency Contact

Name: _____ Relationship: _____
Phone number: _____

Physician Information

Primary Care Physician: _____ Phone: _____
Neurologist: _____ Phone: _____

How did you learn about the ONE STEP program? _____

Medical History

Have you ever have any of these health problems? Please check those that apply

- Pulmonary problems
- Heart problems
- Diabetes
- Arthritis
- Dizziness or
- History of Cancer
- Chest, neck or arm pain
- Pain or cramping in legs while walking
- Short term weakness on one side of the body
- High blood pressure
- Smoker
- Arthritis

If the answer is yes to any of the above, please describe briefly:

Other major illnesses (include surgeries/accidents/chronic pain)

Medications/Lifestyle/Other:

List current medications (including vitamins and over the counter)

Describe your health at the present time:

Excellent Good Fair Poor

List types of exercise you participate in regularly and describe the frequency of your practice

Do you have any physical limitations that restrict your daily living activities or ability to exercise?

Yes No

If yes, please explain

Are you currently working? Yes No

What is your level of activity at work?

Completely sedentary Moderately active Very active/physical

Describe your past experience with resistance training and aerobic training:

Do you have any concerns about starting this exercise program?

What expectations do you have from this program?

How will you determine your personal success/satisfaction with this program?



ONE STEP at the YMCA INFORMED CONSENT

First Name: _____ Last Name: _____ Today's Date: _____

Age: _____ Date of Birth: _____ Male: _____ Female: _____

Informed Consent

I understand that the purpose of an exercise program is to develop and maintain cardiorespiratory fitness, muscular strength and endurance, and flexibility and balance. A specific exercise plan will be designed for me, based on my needs and interest. All exercise programs include warm-up, exercise, and cool-down. The programs include, but are not limited to aerobic exercise, strength training, and flexibility. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by the rate of my perceived effort of exercise. I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

In the event that medical clearance must be obtained prior to my participation **in** the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in this exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its employees and agents, from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

As part of your participation in the **ONE STEP**, a program for people diagnosed with Multiple Sclerosis, we ask that you complete the requested paperwork, surveys, and functional assessments. **All responses/outcomes are kept confidential; your responses/performance will not be shared with anyone outside the ONE STEP** program. The information you provide may be combined with other respondents answers and analyzed and reported in order to help evaluate the program effectiveness, as well as plan future programs. Thank you for your participation in the program and also for completing the surveys.

Signature of participant _____ Date _____

Emergency contact name and number _____

ONE STEP at the YMCA

MULTIPLE SCLEROSIS FITNESS PROGRAM at the YMCA of MONTCLAIR



Dear Healthcare Provider,

Through our expertise in Exercise for Multiple Sclerosis the YMCA of Montclair can assist you in helping your patients.

As a leading nonprofit strengthening the community, in part, through healthy living, the YMCA of Montclair knows that in order to maintain health and functionality in daily activities, patients dealing with Multiple Sclerosis must engage in exercise. We also understand that this process comes with challenges and that having a reliable support system can not only make adjustments easier for your patients, but also help ensure that they stay motivated.

The YMCA of Montclair's **ONE STEP** Program is offered in collaboration with the National MS Society NJ Metro area. Group classes are individually tailored and adapted for all fitness levels. It is designed using an exercise setting and emotional support. Physical activity can help people living with multiple sclerosis with fatigue and depression, improve strength, and result in increased participation in social activities.

At the YMCA of Montclair, we believe all people deserve the opportunity to live full, healthy lives. Please see the attached flyer that we hope you can post in your office(s) because when you refer patients to our program you can rest assured that they are receiving help and guidance from trained and certified Exercise Specialists who understand the physical and mental recovery needed to maintain strength while living with multiple sclerosis. We will work closely with them to make sure that they are supported every step of the way. We will also provide you with updates on your patients' progress at regular intervals if you desire.

We would love to welcome you into our health professional network and look forward to hearing what we can do to help you and your patients!

Sincerely,

Washima Redding
Senior Health and Wellness Director
YMCA of Montclair
25 Park Street
Montclair, NJ 07042
(973)415-6111 Email: wredding@montclairymca.org



ONE STEP at the YMCA MEDICAL CLEARANCE FORM

Date _____
 Client's Name _____ Client's DOB _____
 Client's Phone _____
 Physician's Name _____
 Physician's Phone _____
 Physician's Fax _____

Dear Doctor _____ :

Your patient _____ has requested to participate in **ONE STEP**, an Exercise Program for people diagnosed with Multiple Sclerosis at the YMCA of Montclair. At the start of this program your client will participate in a fitness assessment, including cardio respiratory fitness, muscular strength, endurance, flexibility and balance. Following the fitness assessment, your patient will partake in cardio respiratory fitness, muscular strength and endurance, and flexibility and balance activities. A specific, individualized exercise program will be created for the participant based on the needs, interests and any recommendations you might have. The **ONE STEP** program is designed to start easy and become progressively more difficult over a 12 week period. All fitness assessments and exercise activities will be administered by qualified personnel trained in conducting exercise test and exercise programs.

Based on the **ONE STEP** program intake form, your patient has indicated a diagnosed medical condition, coronary risk factor, and/or health condition that require a physician's clearance prior to participation in the program.

By completing the form below, you are not assuming any responsibility for our administration of the fitness assessment or exercise program. If you know of any medical or other reasons why participation in the **ONE STEP** program would be unwise for your patient, please indicate so on this form.
 If you have any questions regarding the **ONE STEP** program, please contact:

Washima Redding
 Senior Health and Wellness Director
 YMCA of Montclair
 25 Park Street
 Montclair, NJ 07042
 Phone: (973) 415-6111-Fax: (973)744-1917 - Email: wredding@montclairymca.org

My patient, listed above, is:
 Not cleared to exercise at this time
 Cleared to exercise with no restrictions
 Cleared to exercise with the following restrictions and/or recommendations _____

Physician Name: _____

Physician Signature: _____

Date: _____