



Physical Therapy & Medical Fitness Center Bridge Program

Welcome to Bridge!

We are looking forward to assisting you in achieving your desired fitness and activity-specific goals. Communication is key; do not hesitate to discuss as any limitations or obstacles you may be facing in adopting a more physically active lifestyle.

To ensure that you are able to participate at your first scheduled session the following items are required to be completed and returned to our office prior to or at the first session. If you are experiencing any current medical conditions, clearance from your medical provider may be needed prior to beginning the Bridge program. A signed parent permission form is required for minors.

___ Cancellation/No Show Policy

___ Informed Consent Form

___ Demographics

___ Goal Sheet

___ PAR-Q Form (Physical Activity Readiness Questionnaire)

___ Health Status form

___ Payment made payable to "RWC"

(Due to processing, payment needs to occur at our office. Please disregard first billing statement if you have made full payment at your initial appointment; time of payment and billing cycle may not coincide. Let us know if you have any billing questions or concerns.)

****If at any time you have questions or concerns, please contact**

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Physical Therapy & Medical Fitness Center Bridge Program

Cancellation / No Show Policy

Due to the high demand for select appointment times, it is extremely important to us that you are here for your scheduled appointments. We require 24-hour notice on all cancellations in order to better accommodate appointments for all Bridge program clients.

**Each client will be allowed (2) cancellations.
All additional no-shows and same day, unauthorized
cancellations will result in a loss of that session.**

We understand that there are extenuating circumstances, so additional cancellations may be approved by the Bridge Program staff on a case-by-case basis. If you have any questions about any aspect of our program, please don't hesitate to ask us and we will be happy to provide you with the necessary information.

I understand and agree to the above statements.

(Signature of Participant)

Date

(Signature of Parent - If under 18 years of age)



Physical Therapy & Medical Fitness Center Bridge Program

Informed Consent

Explanation of the Bridge Program:

The Bridge Program is an individualized exercise program that will be developed and progressed by a Certified Athletic Trainer (ATC). During each visit you will work on muscular strength and endurance, cardiovascular endurance, balance, and flexibility exercises that build on the concepts and goals of your pre-existing physical therapy program or initial Bridge program assessment.

Risks and Discomforts:

The possibility does exist that you may become injured during the workout. That is, you may strain a muscle or tendon, sprain a ligament, or experience muscle soreness during or after any visit. Muscle soreness is common after beginning an exercise program and has no long-term consequences to your health. In very rare instances you could experience abnormal blood pressure, fainting, disorders of the heartbeat, heart attack, stroke and even death. Every effort will be made to minimize these abnormalities by observation during each visit. Emergency procedures and trained personnel are available to deal with any unusual situations that may arise.

Benefits to be Expected:

The results obtained from this Bridge Program will assist in the transition of your current level of physical ability as it relates to activities for various sports and/or leisure activities and will help limit the possibility of re-injury as you transition fully back into sport and/or leisure activities.

The client will improve his or her functional capacity and physical abilities in the basic constructs of sport performance and leisure activities. Improvements in muscular strength, flexibility, balance, coordination, and cardiovascular conditioning may become evident.

Confidentiality

All records will be kept confidential.

Refund Policy:

In the event that you cannot complete the bridge program due to medical reasons, a pro-rated refund will be given. This refund will be for medical reasons **only** and must accompany a written refund request and a letter from the doctor.

Freedom of Consent:

I have read and understand this form and by signing below I freely consent to participate voluntarily in the Bridge Program.

(Signature of Participant)

(Date)

(Signature of Parent/Guardian - if under 18 years of age)

(Date)



Physical Therapy & Medical Fitness Center Bridge Program

Demographics

Name: (First) _____ (Last) _____

Address: _____

Contact Phone #: _____ Email: _____

Birth date: *Month* _____ *Day* _____ *Year* _____ Age: _____

Parent/Guardian Information (if under age 18):

How did you hear about The Bridge Program?

Emergency Contact Information

Emergency contact person #1: _____

Relationship: _____

Home phone #: _____ Work phone #: _____

Cell Phone #: _____

Emergency contact person #2: _____

Relationship: _____

Home phone #: _____ Work phone #: _____

Cell Phone #: _____



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Goal Sheet

Please complete the following prior to your first appointment

My *short-term* personal goals for participating in the Bridge Program are:

My *long-term* personal goals for participating in the Bridge Program are:

What do you feel your weaknesses are?

What do you feel your strengths are?

The steps that I will take to accomplish these goals are:

1. _____
2. _____
3. _____
4. _____
5. _____

How did you hear about the Bridge Program?

Participant Signature

Date

Physical Therapy & Medical Fitness Center *Bridge Program*

HEALTH STATUS QUESTIONNAIRE (please use the back side of this sheet to complete answers as needed)

Name: _____ Date: _____ DOB: _____ Date of last Physical Exam: _____

SECTION 1—CARDIOPULMONARY/METABOLIC DISEASE (circle Y or N)

- Y N Have you ever had a heart attack, bypass surgery, angioplasty, or been diagnosed with coronary artery disease or other heart disease? If yes, describe: _____
- Y N Do you have emphysema, asthma, or any other chronic lung condition or disease?
- Y N Are you an insulin dependent diabetic?

SECTION 2—MEDICAL HISTORY

1. Mark any of the following for which you have been diagnosed or treated:

___Kidney problem ___Heart problem ___Phlebitis ___Concussion ___Mononucleosis
___Cirrhosis, liver ___Stroke ___Asthma ___ other: _____

2. Mark any medications taken in the last six months:

___Insulin ___Blood thinner ___Nitroglycerin ___Diabetes medicine
___Blood pressure medicine ___Diuretic (water pill) ___Digitalis ___Cholesterol medicine
___Epilepsy medicine ___Heart rhythm medicine other: _____

3. List any surgeries you have had in the past (e.g., knee, heart, back, etc.): _____

- Y N Have you ever had back problems, any problems with joints (back, knee, hip, shoulder, elbow, neck), or been diagnosed with arthritis? If yes, describe: _____
- Y N Do you have any other medical conditions or health problems which may affect your exercise plan or safety in any way? If yes, describe: _____

SECTION 3—CARDIOPULMONARY AND METABOLIC SYMPTOMS

- Y N Do you ever get unusually short of breath with very light exertion?
- Y N Do you ever have pain, pressure, heaviness, or tightness in the chest area?
- Y N Do you regularly have unexplained pain in the abdomen, shoulder, or arm?
- Y N Do you ever have dizzy spells or episodes of fainting?
- Y N Do you ever feel "skips," palpitations, or runs of fast or slow heart beats in your chest?
- Y N Has a physician ever told you that you have a heart murmur?
- Y N Do you regularly get lower leg pain during walking that is relieved with rest?
- Y N Do you have any joints that often become swollen and painful? Where: _____

SECTION 4—CORONARY RISK FACTOR PROFILE

- Y N Have you had high blood pressure (>160 systolic or >95 diastolic) on more than one occasion? Please list any medications you take for high blood pressure: _____
- Y N Have you ever been told that your blood cholesterol was high (240 or higher)? Cholesterol level _____
- Y N Do you currently smoke 10 or more cigarettes per day? Cigarettes/day _____, # years smoked _____
- Y N Have you ever been told that you have high blood sugar or diabetes?
- Y N Has anyone in your immediate family (parents, siblings) had any heart problems or coronary disease before age 55? Describe: _____
- Y N Do you feel you are more than 30 lbs overweight? What do you feel is your realistic, ideal weight? _____

SECTION 5—FITNESS

Circle the average number of times per week you participate in planned moderate to strenuous exercise of at least 20 minutes duration (brisk walking, jogging, cycling, swimming, stair climbing, weight lifting, active sports such as tennis, aerobic classes, etc.): **0 1 2 3 4 5 6 7**

Y N Can you briskly walk one mile without fatigue? **Y N** Could you ever? **Y N**

Y N Can you jog two miles continuously at a moderate pace without discomfort? **Y N** Could you ever? **Y N**

Y N Can you do 20 push-ups? **Y N** Could you ever? **Y N** Full or modified? _____

Current body weight: _____lbs, 1 year ago: _____lbs, Age 21: _____lbs, Adult lightest: _____lbs

SECTION 6—LIFESTYLE AND BEHAVIORAL

1. Describe any aerobic exercise you have done in the past (what, when, how often, for how long)?

2. Describe any muscular strength/weight training you have done in the past (same as above):

3. Have you ever participated in yoga, Pilates, spinning, jazzercise, aerobic step classes? **Y when?:** _____

4. Please list any recreational physical activities (tennis, golf, etc.) in which you regularly participate and how often.

5. List any favorite activities you would like to include in your exercise plan.

6. List any activities that you definitely do not like and do not want to include.

7. Which do you prefer? ___group exercise ___exercising on your own

8. Your occupation: _____

9. Do you spend more than 25% of work time at the following (mark all that apply):
___Sitting at desk ___Lifting/carrying loads ___Standing ___Driving ___Walking

10. Number of hours worked per week: ___ Hours Any flexible hours? **Y N**

11. Write in the best exercise times for you during a typical week: _____

12. Where do you plan to exercise? ___Club ___Home ___Outside ___Other (where)_____

13. If at home, list available equipment: _____

14. Do you eat breakfast on a regular basis? **Y N** If yes, what do you eat: _____

15. List approximate time of meals and/or snacks eaten daily. _____

16. Do you follow a well-balanced diet on a daily basis - five servings of fruits and vegetables, adequate protein, carbohydrates, fats, fiber, etc.? **Y N**

17. Would you like basic and/or performance nutrition information? **Y N**

18. Do you use any sort of dietary supplements (multi-vitamins, bars, protein drinks, other), if so list here:

19. Do you drink soft drinks, juices, energy drinks, coffee drinks, or any other sweetened or unsweetened drinks?
Y N List drinks and amount/day: _____

20. Is there anything else you feel is important for Bridge program personnel to know about you?
