Brock-Niagara Centre for Health and Well-Being
Information Sheet

A. Contact Information

1) Name:

2) Gender

☐ Male ☐ Female

3) Telephone Number:

4) Email address: I would like to receive Centre e-mails.
[ ] YES [ ] NO

5) Birthdate (YYYY/MM/DD):

________________/_____________/______________
(Year) (Month) (Day)

6) Current Address:

Street:____Apt.# __________

City: ____ Postal Code: _________________________

B. Emergency Contact Information

Emergency Contact #1:

7) Name:

8) Telephone Number:

9) Relationship

Emergency Contact #2:

10) Name:

11) Telephone Number:

12) Relationship:

C. Medical Information

13) Family Doctor/Cardiologist:

14) Phone number:

15) Do you have a history of any of the following conditions (please check all that apply, and provide a brief description)

- ☐ Asthma ____
- ☐ Back problems ____
- ☐ Cancer ____
- ☐ Cardiovascular conditions (stroke, heart attack, high blood pressure, etc)

  ____
- ☐ Depression or anxiety ____
- ☐ Diabetes ____
- ☐ Eye problems (e.g., cataracts) ____
- ☐ Fractures ____
- ☐ Injuries ____
- ☐ Joint replacement ____
- ☐ Neuromuscular disorders (e.g., Parkinson's, MS) ___________________________________
- ☐ Osteoarthritis or rheumatoid arthritis____
- ☐ Osteoporosis/osteopenia ____
- ☐ Surgery ____
- ☐ Vestibular problems (e.g., inner ear) ____
- ☐ Other ____

16) Please list any medications you are currently taking, and the condition they are prescribed for:

Name of Medication | Prescribed for:

17) Do you have any other physical / health problems that may hinder exercise? If yes, please list them.

D. Physical Activity Information

18) Physical activity history:

a. Are you currently physically active? Yes No

b. If yes, how many days per week do you exercise? __________________

c. What type(s) of activities do you typically do?

19) What are your primary goals for joining this program?

a.

b.

c.

20) How did you hear about the Brock-Niagara Centre for Health and Well-Being?

E. Anthropometric Information (to be completed at first visit)

21) Height: _________________________ (cm or inches)

22) Weight: ________________________ (lbs or kg)

23) Hip circumference: _______________ (cm or inches)

24) Waist circumference: ______________ (cm or inches)

25) Heart rate: _____________________ bpm

26) Blood pressure: Left Arm _________________ Right Arm ______________________

_________________ ______________________

_________________ ______________________

F. Student Information and Signatures

Student Name: ____

Date: ____

Student Signature: ____

Member Signature: ____

Brock University protects your privacy and your personal information. The personal information requested is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used for membership and communication purposes. Some of your data may reside in foreign jurisdictions in which case the data will be subject to the laws of those jurisdictions, including the USA PATRIOT Act. Direct any questions about this collection to the coordinator, of the Brock-Niagara Centre for Health and Well-Being at Brock University at (905) 688-5550, ext. 5589 or see www.brocku.ca/health-well-being.