



Recreation Oak Bay ACTIVE REHABILITATION CLIENT PACKAGE

Included in this package you will find:

- Par – Q, ParMed-X (to be completed by a physician)
- Health History Form
- Pricing Information

Instructions:

1. Please read and complete each form accurately and completely;
2. Depending on the condition a ParMed-X form might be asked to be completed by your physician and returned with all other forms;
3. When ALL forms are completed drop package off at either the Oak Bay or Henderson Recreation Centres;
4. Purchase your Active Rehabilitation sessions when you drop off your forms.
5. Once payment is received you will be contacted within 72 hours by a Rehab Specialist to set up your first appointment;
6. Rehab Trainers bio's can be found at www.recreation.oakbay.ca

Please note:

- Packages expire after 1 year from the date of purchase
- 24 hours notice required for appointment cancellations

Cancellation Policy:

- 24 hours notice is required for appointment cancellations
- To cancel an appointment, first attempt to contact the trainer directly. If you are unable to reach the trainer or if you leave a message, please also call our reception at 250-595-7946 and provide them with your appointment date, trainers name and reason for cancellation.
- If you cancel within 24 hours you may be charged for the appointment.

If you have any questions please call 250-370-7117

Thank-you.

**Emma Welch, Fitness Programmer
Recreation Oak Bay**

PRICING INFORMATION

Based on your needs, abilities and comfort level choose either Active Rehabilitation in the Fitness Studio or Water Rehabilitation in the Pool. Both methods of Rehab offer one-on one sessions that foster an environment conducive to your needs. The Rehab Specialist will create an individualized program based on your abilities that will help you achieve your goals.

If you are unsure how many sessions you will require, start by purchasing the minimum 2 sessions, and the Rehab Specialist can advise you how many sessions you will need based on the first two appointments.

From your first two sessions you can expect:

- *Sessions 1:* An assessment appropriate to your injury or condition to determine what type of program you will require and what your limitations may be.
- *Session 2:* The Rehab Specialist will deliver the program they created based on Session 1's Assessment. The trainer will make necessary recommendations for future appointments.

ACTIVE REHABILITATION (One-on One)

A medical exercise specialist will work with you in the fitness studio to develop a safe and effective program in a one-on one environment. Designed for those recovering from an injury due to sport, work or motor vehicle accident and those who may have physical limitations due to musculoskeletal, neurological or respiratory illnesses. Active Rehabilitation will help you improve your quality of life by allowing you to improve your function in everyday tasks. Insurance coverage accepted.

WATER REHABILITATION (One-on One)

The Water Rehabilitation program allows people the freedom of movement needed to be able to train when they would otherwise not be able. Benefits of training in a water environment include anatomically balanced 3-dimensional resistance, reduced impact and cooler temperatures. The individually tailored program builds full body strength, endurance, and health propelling anyone towards an active and independent life. Insurance coverage accepted

Private Active Land or Water Rehabilitation (one on one)

- | | | |
|--------------------------|----------------------------|--------------|
| <input type="checkbox"/> | 1 Private Sessions | \$165 |
| <input type="checkbox"/> | 2 Private Sessions | \$130 |
| <input type="checkbox"/> | 5 Private Sessions | \$293 |
| <input type="checkbox"/> | 10 Private Sessions | \$520 |
| <input type="checkbox"/> | 15 Private Sessions | \$731 |

Client Details

Name _____

Phone: (h) _____

(c) _____

Address _____

Postal Code _____

Age _____ Email _____

Occupation _____

Referral Source (If any): _____

Emergency Contact _____

Phone _____

Doctor _____

Phone _____

Physiotherapist _____

Phone _____

Health History Form

1. Have you had any bone, joint or muscle injuries in the past? Check and Explain.

- Shoulder Knee Hip Ankle Foot Wrist Neck
 Head Arm Legs Chest Stomach Lower Back Upper Back
 Other

When did this Occur? _____

2. Do you have any chronic illnesses? Check and Explain.

- Diabetes Osteoporosis Arthritis Stroke Asthma Heart Cancer
 Fibromyalgia Thyroid Kidney Liver Lung Epilepsy
 High Blood Pressure High Cholesterol Other

3. Do you take any medication?

Prescription Medication? Explain.

For Example, Insulin, Coumadin, Etc.

Over-The-Counter Medication or Preparations? Explain.

4. Have you been under the care of a Physiotherapist/Chiropractor/other specialist YES NO

If yes, who and how often?

Do you have a series of exercises you are currently performing? Can be attached separately

5. Have you had any surgery? YES NO

If yes, please list and when occurred?

6. What activities do you participate in currently? Explain.

7. What is your main concern/reason for pursuing Active Rehabilitation? Explain.

8. What goals would you like to achieve through the Active Rehabilitation program?

9. How many times per week would you like to meet with your trainer? _____ On your own? _____

10. Which location would you like to train at? Oak Bay Recreation Centre Henderson Recreation Centre

Availability

11. What days and times work best for you? Check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
6-9am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12-5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-9pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

