Sunnybrook
ST. JOHN'S REHAB

Tel: 416-224-6948
Fax: 416-226-3358

285 Cummer Avenue
Toronto, ON M2M 2G1
www.sunnybrook.ca/stjohnsrehab

ACTIVE LIVING PROGRAM

WELCOME TO THE ACTIVE LIVING PROGRAM!

Attached you will find:

1. General Information – Regarding Active Living Program
2. Application Form (Page 3)
3. Participant Release Form (Page 4)
4. Physician Medical Clearance Form (Page 5)

Please forward completed forms and fee to:

Sunnybrook Health Sciences Centre
St. John's Rehab - Outpatient Services
285 Cummer Ave.
Toronto, ON
M2M 2G1

If you have any questions, feel free to call us at:

416-226-6780 x 7215

21202-R-01/19-OP

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Please call 416-226-6780 x 7215

Program Description:

The Active Living Program is an 8 week generalized exercise class focused on improving balance, strength, flexibility and conditioning. Participants will exercise and target muscles and joints in the legs, arms and core. Exercises, although very effective, are simple enough for you to repeat at home. Participants need to be highly independent, able to follow instructions and be medically and cognitively safe to participate in a group based exercise class.

Program Schedule:

Tuesdays	Thursdays
2:00 p.m. – 3:00 p.m.	
3:00 p.m. – 4:00 p.m.	2:00 p.m. – 3:00 p.m.

* Dates are subject to change due to revision of hospital schedules and/or other unforeseen circumstances.
* Participants' class time preference will be based on availability.

Acceptance to the program is subject to:

1. Completion and review of all forms
2. Receipt of payment
3. Availability

Fee Schedule:

- $100 per session. Each session includes 8 classes. Classes are 1 hour in duration.
- **There are no refunds. Make-up times for missed classes are not guaranteed, are subject to availability and must be taken within the 8 week block.**
- You may only attend class on your scheduled days.
- The fee includes all exercise classes. Please wear comfortable clothing and running shoes and bring a bottle of water.

Please forward completed forms and fees to:

Please make cheques payable to: **Sunnybrook Health Sciences Centre**

To make payments in person please go to our Patient Accounts Department (located on the first floor beside the Information Desk) or give to the Physiotherapy Assistant along with Registration Forms

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ACTIVE LIVING PROGRAM
Application Form

Name: Last name, first name	Date of Birth mm/dd/yy	OHIP Number:
Address:		
Home Phone:	Alternate Phone:	
Emergency Contact Name: Last name, first name	Emergency Contact Phone:	

Please indicate which session(s) you would prefer:

Tuesdays	Thursdays
☐ 2:00 p.m. – 3:00 p.m.	
☐ 3:00 p.m. – 4:00 p.m.	☐ 2:00 p.m. – 3:00 p.m.

Please indicate the following with a (✓):

	With a cane	With a walker	Without any walking aids	No
1. Are you able to walk independently?				
2. Are you able to walk up and down stairs?				
3. Are you able to stand up from a seated position?				

How often do you exercise right now?

☐ Less than 1 time per week ☐ 1 to 2 times per week ☐ 2 to 3 times per week
☐ 3 to 4 times per week ☐ More than 5 times per week

What type of exercise(s) do you do?

☐ Walking ☐ Running/jogging ☐ Hiking ☐ Swimming ☐ Gardening

☐ Dancing ☐ Yoga/Pilates ☐Cycling ☐ Other: _____

When you exercise, do you experience any of the following?

			If yes, please explain
Shortness of breath	☐ Yes	☐ No	_____
Chest pain	☐ Yes	☐ No	_____
Dizziness	☐ Yes	☐ No	_____
Other	☐ Yes	☐ No	_____

Legend: OHIP - Ontario Health Insurance Plan

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ACTIVE LIVING PROGRAM
Participant Release Form

Participants Name: (PRINT) _____
Last name, first name

☐ **I understand and agree that, except for its gross negligence or willful misconduct, Sunnybrook Health Sciences Centre (including St. John's Rehab) does not assume and expressly disclaims liability for any personal injury or property damage I may suffer during or resulting from participation in the Active Living Program and that participation is at my own risk.**

☐ **I understand that acceptance into the program is subject to review of completed forms and payment received.**

☐ **I understand that I am responsible for reporting to the physiotherapy assistant teaching the class at St. John's Rehab any changes in my medical and/or mobility status as it may affect my ability to safely participate in the program.**

Participants Signature: _____ **Date:** (DD/MMM/YYYY)

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ACTIVE LIVING PROGRAM
Medical Clearance Form

Participants Name: _____
Last name, first name

The Active Living Program includes 1 hour of gentle exercises in a group-based setting to help improve range of motion, muscle strength, endurance and balance. Exercise intensity ranges from no resistance to light resistance depending on the patient's ability. Exercises are in sitting or standing positions with support. This class is suitable for people who are independently mobile, medically and cognitively stable and are able to follow instructions. The Active Living Program is not designed to focus on any specific impairment or condition.

Please indicate if the participant has any of the following conditions/impairments to help us determine their suitability for the program.

			If applicable, please explain
Heart condition	☐ Yes	☐ No	_____
Respiratory condition	☐ Yes	☐ No	_____
Epileptic seizures	☐ Yes	☐ No	_____
High or low blood pressure	☐ Yes	☐ No	_____
Diabetes	☐ Yes	☐ No	_____
Fainting spells	☐ Yes	☐ No	_____
Incontinence issues	☐ Yes	☐ No	_____
Deafness	☐ Yes	☐ No	_____
Limited vision	☐ Yes	☐ No	_____
Poor balance	☐ Yes	☐ No	_____

Other medical conditions/symptoms:
_____

☐ **In my opinion, this participant is medically stable and SAFE to participate in the Active Living Program at St. John's Rehab, a part of Sunnybrook Health Sciences Centre.**

Additional Comments:
_____
_____
_____

Physician Name: Last name, first name	Physician Signature:
Phone:	Date: (DD/MMM/YYYY)

For more information or questions please contact us at **416-226-6780 x7215**
Fax 416-226-3358