

**MT. SHASTA PHYSICAL THERAPY & WELLNESS CLINIC**  
**633 Lassen Lane, Mt. Shasta, CA 96067**  
**Phone: (530)926-6010**  
**Fax (530) 926-6909**

**MEMBERSHIP APPLICATION**

**NAME:** \_\_\_\_\_ **EMERGENCY CONTACT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **RELATION:** \_\_\_\_\_  
**ZIP:** \_\_\_\_\_ **HAVE YOU BEEN A MEMBER BEFORE? Y N**  
**HOME PHONE #** \_\_\_\_\_ **WHERE DID YOU HEAR ABOUT MSPT?**  
(Please be specific)  
**WORK PHONE #** \_\_\_\_\_ \_\_\_\_\_  
**HOW OLD ARE YOU TODAY?** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

<b>MEMBERSHIP TYPE</b>	<b>MONTHLY DUES</b>	<b>EVALUATION</b>
◇ SINGLE	\$38	\$ 75
◇ COUPLE	\$65	\$120
◇ FAMILY*	\$87	\$140
◇ SENIOR**	\$34	\$ 65
◇ SR. COUPLE	\$60	\$ 90
◇ STUDENT***	\$34	\$ 65

\*FAMILY: ADD \$5 FOR EACH PERSON OVER 3 MEMBERS  
\*\*SENIOR: SENIOR AGE IS 60 YEARS AND OVER  
\*\*\*STUDENT: MUST BE FULL TIME AND PRESENT CURRENT STUDENT I.D.

**YOUR EVALUATION DATE IS:** \_\_\_\_\_ **AT** \_\_\_\_\_.

Please have payment ready at the time of your evaluation. You will be responsible for your evaluation fee, and the amount due for the remainder of the month. You will also be responsible for the following month's dues if you join after the 20th of the month.

**If the applicant is under the age of 18,** a parent signature is needed to authorize this membership. It is understood that the parents shall assume all financial responsibility for this membership.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**MONTHLY DUES:** \_\_\_\_\_ **AMOUNT RECEIVED:** \_\_\_\_\_

**MONTH PRO RATE:** \_\_\_\_\_

**EVALUATION FEE:** \_\_\_\_\_ **CHECK/RECEIPT #** \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

MT. SHASTA PHYSICAL THERAPY & WELLNESS CLINIC  
Health Profile

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Current activities you engage in at least 3 time per week:

\_\_\_\_\_

Please list all medications you are currently taking:

\_\_\_\_\_

Are you currently under a doctor's care? Yes No

If yes, please explain:

\_\_\_\_\_

Please explain any problems you have that may limit your physical ability:

\_\_\_\_\_

Are you pregnant at this time? Yes No

Are you currently smoking? Yes No

**Do you have or have you ever had any of the following?**

	<u>Yes</u>	<u>No</u>	<u>Family History</u>	<u>Explain</u>
Shortness of breath	___	___	___	_____
Dizziness	___	___	___	_____
Fainting	___	___	___	_____
Diabetes	___	___	___	_____
High cholesterol	___	___	___	_____
High blood pressure	___	___	___	_____
Low blood pressure	___	___	___	_____
Heart problems	___	___	___	_____
Lung problems	___	___	___	_____
Arthritis	___	___	___	_____
Orthopedic problems	___	___	___	_____

FITNESS GOALS: \_\_\_\_\_

## MSPT "AT RISK" QUESTIONNAIRE

This questionnaire is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of this page is a sensible first step if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problem or hazard. This questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and check "YES" or "NO" opposite each question if it applies to you.

YES	NO	
___	___	1. Has your doctor ever said you have heart trouble?
___	___	2. Do you frequently have pains in your heart and chest?
___	___	3. Do you often feel faint or have spells of severe dizziness?
___	___	4. Has a doctor ever said your blood pressure was too high?
___	___	5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
___	___	6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to ?
___	___	7. Are you over age 65 and not accustomed to vigorous exercise?

### IF YOU ANSWERED

#### YES TO ONE OR MORE QUESTIONS

\*If you have not recently done so, consult with your physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness appraisal. Tell your physician to what questions you answered YES or present them your COPY.

\*After medical evaluation, seek advice from your physician as to your suitability for:

1. Unrestricted physical activity, starting off easily and progressing gradually.
2. Restricted or supervised activity to meet your specific needs, at least on an initial basis.

#### NO TO ALL QUESTIONS

\*If you answered this questionnaire accurately, you have reasonable assurance of your present suitability for:

1. A graduated exercise program -- a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.
2. An exercise test -- simple tests of fitness (such as the one offered by MSPT) or more complex types may be undertaken if you so desire. Remember to postpone physical activity if you have a temporary minor illness, such as a common cold

**THIS STATEMENT IS TO BE READ BY EACH PARTICIPANT:-**

There exists the possibility that health information may be discovered which may place both the participant and the MT. SHASTA WELLNESS CLINIC at risk should this condition go untreated. Therefore, the Wellness Staff has the authority to terminate testing or exercise at any point until participant is cleared by their doctor or other medical practitioner.

**FITNESS EVALUATION INFORMED CONSENT**

**PURPOSE AND EXPLANATION OF FITNESS EVALUATION:**

Your Wellness evaluation will include a basic fitness assessment with optional flexibility and strength testing and body composition (skinfold) measurements. You may decline or stop any portion of the evaluation at any time. We do not wish for you to ever exercise at a level which is not comfortable for you.

Please dress in comfortable clothing for your Wellness evaluation: Shorts, a short-sleeved T-shirt or a tank top and tennis shoes are suggested.

**RISKS AND DISCOMFORTS**

There exists the possibility of certain physiological changes during the evaluation. These occurrences are remote and very rare. They include:

- Abnormal blood pressure,
- Faintness,
- Heart rhythm disorders,
- And, in very rare instances, heart attack.

Every effort will be made to minimize these occurrences by the preliminary screening and by observations taken during the evaluation.

**BENEFITS TO BE EXPECTED**

The results obtained from the fitness evaluation will assist in the selection of the types of activities you might engage in with little or no hazard. They will also serve as a guideline to measure your fitness progress.

***FREEDOM OF CONSENT***

*I understand that there are remote risks (i.e., abnormal blood pressure, faintness, disorders of the heart rhythm, heart attack) that may be associated with these procedures and that participation in this evaluation is voluntary. Further, I understand that I may stop this evaluation at any time or choose not to participate in any segment of the evaluation. I further agree if any risk factors are found as explained to me by the Test Administrator that I will seek competent medical clearance before participating in exercise. I acknowledge that I have read this document in its entirety and have had the opportunity to ask questions to those administering the evaluation. I understand the contents of this document and consent to participated in this fitness evaluation.*

Signature(signed at time of evaluation): \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature, if applicant under age 18: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **POOL/SPA RULES**

**The following rules govern the safety of all who enjoy the benefits of the pool exercise and spa relaxation. Compliance is essential to prevent accidents and potential injury (Detailed explanations of rules are available upon request.).**

- 1. NO ONE UNDER THE AGE OF 14 IS ALLOWED TO USE THE POOL OR SPA WITHOUT THE DIRECT SUPERVISION OF AN ADULT.**
- 2. POOL ROOM CLOSES 30 MINUTES BEFORE THE FACILITY CLOSSES.**
- 3. SHOWER IS REQUIRED BEFORE POOL OR SPA USE.**
- 4. NO DIVING, RUNNING or JUMPING.**
- 5. POOL ENTRY AND EXIT FROM STAIRS AND LADDER ONLY.**
- 6. LONG HAIR MUST BE TIED BACK.**
- 7. NO FOOD OR DRINK IN THE POOL ROOM (except water in PLASTIC container).**
- 8. GLASS CONTAINERS ARE NOT ALLOWED IN THE POOL ROOM.**
- 9. NO CHEWING GUM.**
- 10. USE EXERCISE EQUIPMENT RESPONSIBLY.**
- 11. BRING A TOWEL AND DRY OFF BEFORE EXITING THE POOL ROOM.**
- 12. DO NOT USE THE SPA IF ANY OF THE FOLLOWING CONDITIONS EXIST:**
  - ⇒ Pregnancy
  - ⇒ Child under the age of 10.
  - ⇒ Under the influence of alcohol or drugs (particularly prescription drugs causing drowsiness.)
  - ⇒ Heart disease, diabetes, high blood pressure. (Physician's authorization recommended.)
- 13. MEMBERS ARE RESPONSIBLE FOR THEIR GUEST'S ORIENTATION TO THESE RULES AND THEIR BEHAVIOR.**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_