City of Richmond

Screening Questionnaire & Consent Form for Joint Replacement Programs

Community Services
6911 No. 3 Road, Richmond, BC V6Y 2C1

Name: _____ **Date:** _____

Birthdate (DD-MM-YY)**:** _____ **E-Mail Address:** _____ _____

Home Phone: _____ **Cell:** _____

Person to Contact in Case of Emergency: _____ **Phone:** _____

Physician's Name _____

Date of Surgery:		
Please Circle		
HIP	**Right:**	**Left:**
KNEE:	**Right:**	**Left:**

Completed Check List

1. Completed and attached CURRENT PAR-Q Form ❒ Yes ❒ No
2. Completed Clinical Pathway Form ❒ Yes ❒ No

Additional Information:

1. Have you ever participated in Joint Replacement Program? ❒ Yes ❒ No
2. Are you able to swim OR are you comfortable in chest deep water? ❒ Yes ❒ No
3. Have you ever been in a Fitness Centre? ❒ Yes ❒ No
4. Do you have proper attire for the Fitness Centre (runners and shorts)? ❒ Yes ❒ No
5. Do you have arthritis? Describe type and location: ❒ Yes ❒ No

_____

Are you currently on any medications or drugs? ❒ Yes ❒ No

If so, please list: _____

Have you had surgery other than joint replacement in the last 12 months? ❒ Yes ❒ No

Please describe: _____

Do you have any other medical conditions that could effect your ability to exercise?

❒ Yes ❒ No

Please describe: _____ _____

All Participants must complete the Participant Informed Consent Form.

Participant Informed Consent Form

I understand that Joint Replacement Recovery or Joint Replacement Pre-Op classes will provide me with a physical activity program. The activities included in my exercise program will be designed to place a gradually increasing workload on the muscular system. I understand that the reaction of the system to such activities cannot always be predicted with complete accuracy and therefore there is a risk associated with exercising. I also understand and accept that these risks may occur during or following an exercise session. I understand and accept the risks of participating in any physical activity, including the risks resulting from my participating in the Joint Replacement Physical Activity Program, and that I may suffer personal injury while participating in the program.

By signing this release, I assume all the risks of injury, loss, or expense of any kind resulting from my participation in the program. I will not hold the City of Richmond or the staff associated with the program, liable for any injury, loss, or expense suffered as a result of my participation. This release will apply to each and every session that I participate in the program.

I have read, understood, and fully agree to the foregoing. Any questions I had have been answered to my satisfaction.

Signed on the _____ day of _____ , 20_____

By: _____ _____

Participant's signature Print name