



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Welcome to EnhanceFitness®! We are pleased that you have chosen to participate in this excellent exercise program offered at the YMCA of Southwest Florida.

This physical activity program is specifically designed to meet the needs of the active older adult.

This hour-long, three-days-per-week class was designed to improve your physical conditioning and to decrease your risk of falling. Studies show that regular physical activity improves overall health, memory, mood, balance, bone density, endurance, flexibility, and coordination. We think you will be pleasantly surprised by how much better you feel by participating in this program.

Our trained instructors will help you get the most out of this simple yet effective program. If you are currently inactive, you may experience a little muscle soreness at first. To counteract this common response when starting a new form of exercise, we encourage you to attend class on a regular basis, start gently, and increase your intensity gradually.

A couple of class guidelines are:

- Go at your own pace.
- Never do anything that hurts.

Instructors are available for a few minutes both before and after class, so please don't hesitate to ask them any questions. We look forward to being a part of the program and getting to know you.

Sincerely,

Jane Martin
Association Director of Health Innovations
YMCA of Southwest Florida
941 375 9123
jmartin@ymcaswfl.org





ENHANCE® FITNESS ENROLLMENT FORM



PARTICIPANT DETAILS

*required information

* Registration Date: _____ / _____ / _____

* First Name:		Nickname/Preferred:	* Last Name:	
* Date of Birth: ____ / ____ / ____ MM DD YYYY	* Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address Street 1: Street 2: City: * State: * ZIP Code:		
Home Phone: () -	Mobile Phone: () -	Preferred Contact Method (select one): <input type="checkbox"/> Email <input type="checkbox"/> Mobile - Call <input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile - Text		
Email:				

How did you hear about the program? <input type="checkbox"/> Current/Former Program Participant <input type="checkbox"/> Doctor/Other Health Care Professional <input type="checkbox"/> Employer <input type="checkbox"/> Family/Friend/Word of Mouth <input type="checkbox"/> Health Insurance Company <input type="checkbox"/> Media/Marketing <input type="checkbox"/> Screening Event/Health Fair <input type="checkbox"/> Y Staff Member/Volunteer <input type="checkbox"/> Other	* What is your highest level of education? <input type="checkbox"/> Less than high school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional degree (MD, JD, DDS, etc.) <input type="checkbox"/> Other	* What is your race? (Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> A race not listed here <input type="checkbox"/> Prefer not to answer
* Are you of Hispanic, Latino(a), or Spanish Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	Are you a member of the Y? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Name: _____

YMCA Staff Use ONLY:

Participant Status: <input type="checkbox"/> Enrolled <input type="checkbox"/> Wait list	Class/Cohort Name:	Class Location:
Primary Instructor:	Below forms are signed and on file: <input type="checkbox"/> Consent and Release from Liability <input type="checkbox"/> Authorization for Use and Disclosure of Health Information <input type="checkbox"/> Authorizations for Release of Information to Health Care Provider	

HEALTH HISTORY

Have you ever been told by a doctor or other health professional that you have any of the following conditions?

Check all that apply.

Arthritis	<input type="checkbox"/>
Asthma	<input type="checkbox"/>
Rheumatic Disease	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Depression	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>
Lung Disease	<input type="checkbox"/>

Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, special bed or special telephone?

- Yes
- No

Are you limited in any activities because of physical, mental, or emotional problems?

- Yes
- No

What are your goals for participating in this Enhance@Fitness class?



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NOTICE TO PARTICIPANTS IN THE EnhanceFitness PROGRAM AT THE YMCA

EnhanceFitness is an evidence-based program and as such, participant information, health outcome and program evaluation information is collected.

I acknowledge the transfer of data from the YMCA database into the database supported by Senior Services, the Online Data Entry Service (ODES) for purposes of tracking and verifying my participation in the EnhanceFitness and my health outcomes. The Information collected may be shared with Project Enhance (a program of Senior Services, Seattle WA), researchers working with them and the YMCA of the USA as a way to improve EnhanceFitness or other related purposes. In order to keep my information confidential (as provided by law), information about me will be assigned a code number, and researchers will not have access to any of my identifying information (such as my name, address or phone number).

I acknowledge that all of the information provided by is true.

I release Senior Services (Seattle, WA), the local YMCA, YMCA of the USA and all of their agents from all liability for any accident, injury or damages of any kind to persons or property that might occur while I am a participant in the EnhanceFitness® program.

I authorize and acknowledge that I have read, understand and agree to the above.

Participant Name (Print)

Participant Signature

Date

My initials at the end of this sentence indicate that I DO NOT give my permission for my information to be given to researchers assisting EF with program evaluation and improvement but I would still like to participate in the program





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AUTHORIZATION FOR RELEASE OF INFORMATION (to Physician)

I authorize _____ (the "YMCA") to disclose my personal identifiable health information related to my participation in the EnhanceFitness program to my Primary Care Physician and/or other individuals referenced below. I understand that this authorization is voluntary and that I may refuse to sign this Authorization, and that I may revoke it at any time by submitting my revocation in writing to the YMCA.

The information that will be used or disclosed will consist of health-related information used to manage arthritis relevant to or arising out of my participation in the EnhanceFitness. It will be disclosed to the persons listed below at my request. I understand that I am not required to sign this form to participate in the EnhanceFitness and that the information disclosed pursuant to this authorization may be redisclosed by the persons listed below.

Primary Care Physician Practice: _____

Physician: _____

Address: _____

Phone Number: _____

Fax: _____

Other Individuals: _____

This Authorization will expire upon termination of my participation in the EnhanceFitness.

Participant Name (Print)

Participant Signature

Date





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Primary Care Physician Practice: _____

Physician: _____

Address: _____

Phone Number: _____

Fax: _____

Other Individuals: _____

This Authorization will expire upon termination of my participation in the EnhanceFitness.

Participant Name (Print)

Participant Signature

Date





ENHANCE®FITNESS FITNESS CHECK FORM

Fitness Check Date: ____ / ____ / ____

First Name:	Last Name:
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In general, would you say your health is:

- Excellent Very good Good Fair Poor

Has this program improved your physical abilities (walking, bending, strength, moving around, doing activities you want to do)?

- No Improvement Great Improvement
- 1 2 3 4 5 Not applicable (new participant)

Including the days that you go EnhanceFitness class, how many days per week do you do physical activity that is about as hard as EnhanceFitness exercises, for 30 minutes or more?

- None 1 day 2 days 3 days 4 days 5 or more days

How many times have you fallen to the ground in the last 4 months? (Include falls where any part of your body above the ankle hit the ground and falls that occurred on stairs)

- No falls 1 time 2 times 3 times 4 times 5 times 6 or more times

As a result of your WORST fall in the past 4 months, did you have an injury that required medical care?

- Yes No

As a result of your WORST fall in the past 4 months, did you have an injury that caused you to cut ack on usual activity?

- Yes No

Do you do any Level I (modified) exercises during EnhanceFitness classes?

- Yes No



STANDARD FITNESS CHECKS

Chair stand:

--	--

(# of STANDS in **30 seconds**)

Unable to do one chair stand, even with assistance

Arm Curl:

--	--

(# of REPS in **30 seconds**)

5 lb (Female)

Right arm

8 lb (Male)

Left arm

Unable to lift required weight

8-foot Up-and-go:

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(# of SECONDS to complete **one circuit**. Round to the nearest whole second)

Used walker, cane, or other assistive device

OPTIONAL FITNESS CHECKS

2-minute step test:

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(# of STEPS, counting just ONE LEG, in **2 minutes**)

6-minute walk:

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(# of YARDS walked in **2 minutes**)

One-leg stand:

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(# of SECONDS)