Dubuque Community YMCA/YWCA

Program Site: _____

ENHANCE® FITNESS – ARTHRITIS MANAGEMENT PROGRAM

ENROLLMENT FORM

Today's Date: / /

First name:	**Last name:**
Phone #: - -	**Email:**
Preferred contact method: ◯ phone ◯ email ◯ text	
Gender: ◯ male ◯ female ◯ prefer not to answer	**Date of birth:** / /

Do You have history of any of the following conditions? (Mark all that apply. If yes, note year it began.)

- ☐ Alzheimer's Disease
- ☐ Artificial joint (where? _____)
- ☐ Back problems
- ☐ Blackouts
- ☐ Broken bones
- ☐ Chest pain/angina
- ☐ Cholesterol > 240
- ☐ Congestive heart failure
- ☐ Dizziness or blurred vision
- ☐ Double vision
- ☐ Emphysema
- ☐ Fall(s)
- ☐ Foot/ankle swelling
- ☐ Heart attack
- ☐ Heart surgery
- ☐ Hernia
- ☐ Irreg./rapid heart beats
- ☐ Knee injuries
- ☐ Macular degeneration
- ☐ Memory loss
- ☐ Multiple sclerosis
- ☐ Osteoporosis
- ☐ Pacemaker/defib.
- ☐ Parkinson's
- ☐ Poor leg circulation (left / right / both)
- ☐ Seizures or epilepsy
- ☐ Severe headaches
- ☐ Shortness of breath
- ☐ Smoking (#/day_____)
- ☐ Stroke
- ☐ Surgery in past year
- ☐ Unsteadiness
- ☐ Weakness

Other conditions or additional information:

_____

_____

Self-Assessment

• Do you believe you are physically fit?	◯ Yes	◯ No
• Are you happy with your current weight?	◯ Yes	◯ No
• Can you stand up from a chair without using the arms?	◯ Yes	◯ No
• Can you get up from the floor without assistance?	◯ Yes	◯ No
• Can you stand on one leg without support?	◯ Yes	◯ No
• Can you walk up and down steps without using the handrail?	◯ Yes	◯ No
• Can you walk around a city block without being short of breath?	◯ Yes	◯ No

What exercise do you currently do on a regular basis? (Please mark and state number of times per week next to the exercise.)

- ☐ Walk
- ☐ Jog
- ☐ Row
- ☐ Yoga
- ☐ Bike
- ☐ Dance
- ☐ Swim
- ☐ Stretch
- ☐ Skate
- ☐ Tai-Chi
- ☐ Tennis
- ☐ Weight Lift
- ☐ Martial Arts
- ☐ Aerobics
- ☐ Other:_____ _____ _____

SUBMIT FORM