



## **NSH SERENITY STROLLS REGISTRATION FORM**

**FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE OF PROGRAM:** \_\_\_\_\_

### **HOW DID YOU HEAR ABOUT THIS PROGRAM? (CHECK ALL THAT APPLY)**

- |  |  |
|--|--|
| <input type="checkbox"/> Social media (Facebook, Instagram or other) | <input type="checkbox"/> Radio or newspaper                                    |
| <input type="checkbox"/> From a friend or family member              | <input type="checkbox"/> Referred by another agency (please specify):<br>_____ |
| <input type="checkbox"/> Email from The Village at Canadore College  | <input type="checkbox"/> Other (please specify):<br>_____                      |
| <input type="checkbox"/> Nipissing Serenity Hospice                  |  |

### **WHAT OTHER PROGRAMS OR ACTIVITIES WOULD YOU LIKE TO SEE US FACILITATE? (CHECK ALL THAT APPLY)**

- |  |   |
|--|---|
| <input type="checkbox"/> Art therapy   | <input type="checkbox"/> Meditation                       |
| <input type="checkbox"/> Music therapy | <input type="checkbox"/> Spiritual guidance               |
| <input type="checkbox"/> Pet therapy   | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Yoga          |   |

### **WOULD YOU LIKE TO RECEIVE NEWS FROM NIPISSING SERENITY HOSPICE IN YOUR EMAIL INBOX?**

YES

NO

By selecting YES, you are consenting to receive marketing emails from: Nipissing Serenity Hospice, 799 John St., North Bay, ON, P1B 8T2, <https://nipissingserenityhospice.ca/>. You can revoke your consent to receive emails at any time by using the SafeUnsubscribe® link, found at the bottom of every email. Emails are serviced by Constant Contact

## PHYSICAL HEALTH HISTORY QUESTIONNAIRE NSH SERENITY STROLLS GROUP

The conditions and physical abilities listed below may require modifications to ensure that this service is both safe and as indicated. Please review and complete the following information with as much accuracy and detail as possible.

### SHORT ANSWER QUESTIONS

Are you able to comfortably walk 2 km (approx. 3000 steps) without a break?

Do you occasionally or frequently use mobility aids? (ie. Cane, walker, wheelchair)

Do you have any life-threatening environmental allergies? (ie. Bees, plants, flowers, insects)

Is there anything else you would like us to know that is not otherwise specified on this form?

### PLACE A CHECKMARK BESIDE ANY CONDITIONS WHICH APPLY CURRENTLY OR PREVIOUSLY

OVERALL HEALTH	ENVIRONMENTAL & PHYSICAL
<input type="checkbox"/> heart conditions (ie. high or low BP) <input type="checkbox"/> varicose veins/phlebitis <input type="checkbox"/> blood clots or deep vein thrombosis <input type="checkbox"/> lung conditions (ie. shortness of breath) <input type="checkbox"/> fainting/dizziness/low blood sugar <input type="checkbox"/> seizures or epilepsy	<input type="checkbox"/> arthritis or osteoporosis/osteopenia <input type="checkbox"/> artificial joint(s)/pins/wires/plates <input type="checkbox"/> loss of sensation, vision, or hearing <input type="checkbox"/> digestive conditions <input type="checkbox"/> environmental sensitivities/allergies <input type="checkbox"/> severe fear of dogs (may be off leash)

### IF YOU HAVE CHECKED ANY OF THE ABOVE CONDITIONS, PLEASE USE THE SPACE BELOW TO DESCRIBE IN MORE DETAIL (OTHERWISE LEAVE BLANK):

Participation in programming offered by Nipissing Serenity Hospice may involve the personal risk of damage or injury and I agree to assume all such risk and release Nipissing Serenity Hospice, its employees and agents from all claims for damage or injury to me that might result from my participation in the program/event except for those damages and injuries caused solely by the negligence of Nipissing Serenity Hospice, its employees or agents.

BY SIGNING THIS FORM BELOW, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO  
THE ABOVE CONDITIONS, RELEASE AND WAIVER.

First and Last Name:	Phone #:
Date (mm/dd/yyyy):	Signature: