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5 Steps in the Right Direction

Step 1. Fill Out Your Contact Information

Name: _____ Phone: _____ DOB: _____

Address: _____ City: _____ E-mail: _____

How Did You Hear About Us? Family/Friend Doctor's Office Radio Newspaper
 Diabetes Classes La Vida Resource Center Other (please list: _____)

Step 2. Sign the Waiver

I recognize the inherent risks of participating in increased physical activity and/or an exercise program and hereby hold The Billy Casper Wellness Center/Gila Regional Medical Center, New Mexico State Department of Health, Southwest Outreach for Diabetes (SWORD), La Vida/ Hidalgo Medical Services (HMS), and any other employees, agents, affiliates, heirs, associates, administrators, executors, successors and assigns from any and all claim, demand, right or cause of action arising out of and/or any way connected to instruction, training, exercise, or any other use upon the premises of the facilities or locations hosting Active & Alive endorsed events. The listed organizations and locations shall be thereof harmless from any and all injuries I might incur in connection with my participation in these classes and/or activities.

 Signature

 Date

Step 3. Answer the Questions about Your Medical History

	Yes	No
Have you ever been diagnosed with High Blood Pressure?		
Have you ever been diagnosed with Diabetes?		
Have you ever been diagnosed with a High Cholesterol Level?		
Have you ever been diagnosed with Heart Disease?		
Do you have a family history of Heart Disease?		
Do you currently or have you ever smoked?		
Do you consider your lifestyle to be sedentary/ inactive?		
Do you ever experience any unexplained Chest Pain?		
Do you ever experience any unexplained Dizziness?		
Do you ever experience any unexplained Shortness of Breath?		
Have you ever been diagnosed with a Heart Murmur?		
Have you ever been diagnosed with an Irregular or Accelerated Heart Rate?		

Step 4. See Your Provider for Authorization (If you answered "Yes" to any questions in Step 3)

This individual wishes to participate in our physical activity program. After reviewing this form and considering his/her medical history, please indicate below which statement reflects your wishes:

1. I concur with the patient's participation in low-impact, high aerobic activity.
2. I concur with the patient's participation in low-impact, minimal to moderate aerobic activity.
3. I DO NOT concur with the patient's participation in the physical activity program at this time.

 Provider's Name



 Provider's Signature

 Date



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 Step 5. Complete questions 1-7 (below)

Name: _____
Date: _____

1. Please read the five statements below. Check the box next that best describes your current level of physical activity.

- I do not exercise now, and do not intend to start.
- I do not exercise now, but I have been thinking about starting.
- I am trying to start exercising or I exercise once in a while.
- I have been exercising regularly (3 or more times a week) for **less than** 6 months.
- I have been exercising regularly (3 or more times a week) for **more than** 6 months

2. During a regular week, in the last three months, on how many days did you participate in planned exercise:

- 0 1 2 3 4 5 6 7

3. On average, how much time did you spend exercising, on these days?

- 15 minutes 30 minutes 45 minutes 60 minutes 90 minutes +

4. I consider myself to be:

- Hispanic or Latino White/ Caucasian Black or African-American
- Asian/Native Hawaiian/Other Pacific Islander American Indian/Alaska Native
- 2 or more races Other (Please list: _____) I choose not to answer

5. Has a healthcare provider told you that you have pre-diabetes (borderline diabetes)?


- Yes No I choose not to answer

6. Do you have a family history of diabetes?

- Yes No I choose not to answer

7. What size T-shirt do you prefer (*T-shirts are given at end of program with survey)?

- Small Medium Large X-Large XX-Large Other: _____

 **Thank you! Your Registration is Complete!!!**
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