

Welcome! Please complete this form before participating in SFGH's Community Wellness Program



San Francisco General Hospital's (SFGH) Community Wellness Program

PARTICIPANT INFORMATION AND RELEASE FORM

ALL INFORMATION COLLECTED IS CONFIDENTIAL. It WILL NOT BE SHARED WITH OTHER PEOPLE

NAME _____ CHECK New Participant Returning Participant

STREET ADDRESS _____

CITY, STATE, ZIP _____

EMAIL _____ PHONE (Mobile) _____

DATE OF BIRTH _____ GENDER Male Female Transgender

AGE Under 18 18-40 41-64 65+

How would you like to be contacted for Wellness Updates? Email By Mail By Text Message

EMERGENCY CONTACT NAME _____ PHONE _____

I AM A:

Community Member/Patient DPH employee working at SFGH UCSF employee working at SFGH

Other _____

RACE/ETHNICITY (Optional, but it helps us offer more free cultural classes!)

Asian/Pacific Islander African American White Latino Native American

Other _____

HOW DID YOU HEAR ABOUT THE SFGH COMMUNITY WELLNESS PROGRAM?

Staff/community member Email Flyers Provider E-referral The Holler (Hospital Newsletter)

Wellness Event (i.e. Spring Fest) Walked by the Center Support/Education Group _____

Other: _____

HEALTH STATUS

DO YOU CURRENTLY HAVE A HEALTH CONDITION THAT YOU HOPE TO IMPROVE THROUGH PARTICIPATING IN THE WELLNESS PROGRAM? Yes No

PLEASE EXPLAIN WHAT YOU WOULD LIKE TO IMPROVE:

DO YOU HAVE:

HIGH BLOOD PRESSURE? Yes No

HIGH CHOLESTEROL? Yes No

DIABETES? Yes No

ANXIETY or DEPRESSION? Yes No

EXERCISE PATTERNS (let's work it out)

HOW OFTEN DO YOU EXERCISE? I do not exercise 1-2 times/week 3-4 times/week 5-7 times/week

WHAT ACTIVITIES DO YOU ENJOY?

Meditation Aerobics Class Dancing Yoga/Tai Chi/Stretch Other _____

LIABILITY WAIVER

This form must be signed and dated BEFORE participating in Community Wellness Program classes.

1. Voluntary participation

My participation in the SFGH's Community Wellness Program movement activities is voluntary. I understand that I am under no obligation to continue going to classes and that I can stop at any time.

2. Assumption of risk

Dance and movement activities carry certain risks that can result in injury, both minor and major. I voluntarily assume and accept all risks involved in activities provided by SFGH's Community Wellness Program.

3. Release—Agreement not to file a claim or lawsuit

In consideration of the opportunity to participate in movement activities, I am waiving the right to file any claim or lawsuit against SFGH for any injury or damage resulting from my participation in these activities.

4. I have carefully read this agreement and fully understood its contents.

PARTICIPANT

SIGNATURE _____

PLEASE PRINT NAME _____

DATE _____

PARENT/GUARDIAN (if participant is under the age of 18)

SIGNATURE _____

DATE _____