

Referral for Participation

Next Step to Active Living

City of Mississauga
Community Services



Personal information on this form is collected under the authority section 11 of the *Municipal Act, 2001*. It will be used by the City of Mississauga ("City") in accordance with the *Personal Health Information Protection Act, 2004*, and for the purposes identified below. Questions about this collection should be directed to the Program Coordinator, Huron Park Recreation Centre, 830 Paisley Blvd. West, Mississauga, Ontario L5C 3P5, Telephone: 905-615-4820 ext. 2279.

Referrals can be sent by email to dawn.pech@mississauga.ca

First Name

Last Name

Health Card Number

The Next Step to Active Living is a Therapeutic Recreation program linking adults with acquired physical disabilities to an active independent lifestyle within the community. **Acceptance to the Next Step to Active Living Program ("Program") requires the consent of an allied health professional or physician.**

By signing this form below, you acknowledge, understand and agree that for the duration of your participation in the Program only, the City may collect, use and disclose to the Government of Ontario ("Province"), and Nucleus Independent Living (Central Registry) in confidence: i) the information provided herein, including health card number; and ii) personal health information provided to the City from time to time for the following purposes or consistent purposes:

- To provide the Program services to you and to share with Province, and Nucleus Independent Living (Central Registry) to provide its services to you.
- To authorize your allied health professional or physician to provide the information requested below to the Province, to the City for use in the Program and to Nucleus Independent Living (Central Registry) for the purpose of providing services to you.
- To propose and with your consent, provide additional services that may be appropriate for you from time to time.
- To consult with your healthcare providers about your health; and
- To comply with and as permitted by the Municipal Freedom of Information and Protection of Privacy Act ("MFIPPA") and applicable privacy laws and regulations.

The City shall no longer be permitted to collect, use, or disclose any such information once your participation in the Program has ended.

Signature of Participant

Date (DD/MM/YY)

Participant Information

Participant First Name

Participant Last Name

Male
 Female

Address

City

Postal Code

Phone Number

Date of Birth (DD/MM/YY)

Email Address

Emergency Contact Name

Relationship

Emergency Contact Phone Number

Emergency Contact Email

Medical History

Primary Diagnosis

Date of Diagnosis (DD/MM/YY)

Secondary Diagnosis

Date of Diagnosis (DD/MM/YY)

Medical History

History of Falls Yes No

If yes, please explain

Referred By THP - CVH THP - MISS SELF OTHER

Allied Health Professional or Physician's Consent

may participate in the **Next Step to Active Living**

Program with the following guidelines:

Unrestricted physical activity (start slowly and build up gradually)

Progressive physical activity with avoidance of

Progressive physical activity with inclusion of

Is **current blood pressure** well managed? Yes No

Seizure Yes No

If Yes, how would this impact on the involvement in the program?

Allergies Yes No

If Yes, please specify

Diabetic Yes No Is Diabetes well managed? Yes No

Continent Yes No Additional Information

<p>Allied Health Professional or Doctor's Stamp</p>	<p>Allied Health Professional or Doctor's Signature</p> <input type="text"/> <p>Date (DD/MM/YY)</p> <input type="text"/>
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Please complete the following sections, where applicable.

Physiotherapy

Ambulates meters Independently Minimum Supervision Maximum Supervision

Gait Aid No Gait Aid Cane Walker Wheelchair Scooter

Supervision Required

Contradictions

Pool Experience Yes No

Exercise Program

Occupational Therapy

Cognitive Ability

Physical Function

Personal Care

Speech Therapy

Areas of Difficulty

Goals and Strategies