



CRAIG

UNYIELDING DETERMINATION.
EMPOWERING LIVES.

**Thank you for your interest in
The PEAK Center at Craig**

**Please return the following Medical Clearance and
Questionnaires for review by our wellness coordinator.
We will then contact you for next steps.**

**Return this form to:
peakcenter@craighospital.org**

OR

Craig Hospital
Attention: PEAK Center
3425 S. Clarkson St. Englewood, CO 80113

Date of last ASIA test:	
Please list other associated injuries (Fractures, Head injury, etc.):	
Grip strength: <input type="checkbox"/> Full <input type="checkbox"/> Need Adaptive gloves	
Method of Mobility: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulatory <input type="checkbox"/> Both	
Type of Wheelchair: <input type="checkbox"/> Power Wheelchair <input type="checkbox"/> Manual Wheelchair	Assistive walking device:
Have you seen a physician at Craig Hospital in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, which Craig physician did you see?	
Past rehabilitation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes see question below)	
Name of Facility:	Date:
Would you be interested in educational classes regarding your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Currently receiving therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see question below)	
Name of Facility:	
Frequency:	Start date:
Type of activities:	
Goals:	

PEAK clients and general gym members are required to either be independent with bowel, bladder, and respiratory management or have trained family/caregivers with them during their sessions to address any issues that arise with bowel, bladder, or respiratory management.

The PEAK Center at Craig Hospital is a fee for service program and payment is expected at the time services are rendered. The PEAK Center does not provide medical billing codes for any of the services listed below.

Pricing

Evaluation: \$79
General Gym Membership: \$50/month
Lower Extremity FES Bike: \$20/ride or \$100/month unlimited
Personal Training session: \$79/1 hour session
Dry Needling: \$100/1 hour session

The PEAK Center at Craig Hospital Pre-Exercise History Questionnaire

1) Click on the grey boxes to type answers, check a small box, or see selections 2) Complete all areas if possible

Name:	Age:	Height:	Weight:
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Do you have or have you ever had any of the following? (Check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Abnormal Chest X-Ray | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Excessive Bleeding | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Short of Breath |
| <input type="checkbox"/> Angina or Chest pain | <input type="checkbox"/> Excessive Bruising | <input type="checkbox"/> Muscle Spasms | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Aids/HIV | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Nervous/Emotional | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Stroke | <input type="checkbox"/> SCI |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Guillain Barre Syndrome | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Autonomic Dysreflexia | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Post-Polio Syndrome | <input type="checkbox"/> TBI/ABI |
| <input type="checkbox"/> Swollen Ankles/Legs | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Obesity | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cardiac Catheterization | <input type="checkbox"/> Transverse Myelitis | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Pulmonary |
| <input type="checkbox"/> Coronary Bypass | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Impaired Memory | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Impaired Hearing | <input type="checkbox"/> Heterotopic Ossification |
| <input type="checkbox"/> Dizzy/Fainting Spells | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Impaired Vision | |

Comments on any of the above, or please explain any medical problems not listed:
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Date of last complete medical exam (by primary care MD):	Were the results normal? <input type="checkbox"/> Y <input type="checkbox"/> N
If no, please explain:	
Date you were last standing: <input type="checkbox"/> Standing on Own _____ years <input type="checkbox"/> Standing Frame _____ years	
Have you ever had an exercise ECG? <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	
Results:	
List any medications or drugs you currently are taking:	
List any drug allergies you have:	
Name of Physician(s):	
Physician's Phone:	Physician's fax:

PAR-Q & YOU

For most people, physical activity should not pose any problem or hazard. Par-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and check Yes or No opposite the question as it applies to you.

- | | | |
|--|---------------------------------------|---|
| YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | 1. Has your doctor ever said you have heart trouble? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you frequently have pains in your heart and chest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you often feel faint or have spells of severe dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has a doctor ever said your blood pressure was too high? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you over the age of 65 and not accustomed to vigorous exercise? |

Do you know of any medical reason that might make it dangerous or unwise to participate in vigorous exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Do you currently smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many a day?
If no, did you ever smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long ago did you quit?
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you less than 5 weeks post partum? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you presently in an exercise program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in what kind of activities do you engage?	
How often (i.e., 3x/week)?	
For what period of time (i.e., 30 min., 1 hour)?	
Do you have muscle spasms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do they limit your ability to transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do they limit your ability to use exercise equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a skin breakdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?	
Are you prone to skin breakdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require adapted equipment for exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**The PEAK Center at Craig Hospital
Medical Clearance Form**

For Physician Use Only:

Patient Name: _____ DOB: _____

The patient named above is cleared to participate in the following interventions (please check all that are acceptable interventions):

- Cycle ergometer using functional electrical stimulation (FES bike)
- Electrical stimulation for muscle contraction
- Treadmill training with body weight support
- Full weight bearing/Standing (assisted standing and/or standing frame)
- Eksoskeleton-assisted walking
- Aquatic therapy

The patient named above is cleared to participate in an intense exercise program including strength training and aerobic conditioning at least 3-5 days a week. Please list any physical limits/exclusions:

Physician's Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

**PEAK Center at Craig Hospital
General Policies and Waiver and Release Form**

General

For some individuals who are not accustomed to regular exercise, there can be an increased risk of an adverse physical effect resulting from a major increase in physical activity. In order to minimize this risk please observe the following:

1. Any individual desiring to use the PEAK Center, or participate in any of its programs must complete a health history and provide documentation of medical clearance as requested.
2. If you suffer from any chronic health problems or have a history of any serious medical conditions, you should seek a physician's advice before undertaking an exercise program.
3. Even if you are now, or have been in good health it is recommended by many medical authorities that if you have not been bearing weight through your legs for greater than 1 year, you should not participate in any upright standing activities until you receive medical clearance.

Weight and Exercise Equipment

The use of weight and exercise equipment can be very effective in improving overall physical fitness. However, if used improperly injury can result. PEAK Center members will be instructed in the use of specific exercise equipment that is appropriate for them by qualified staff. PEAK members are not permitted to use equipment that they are not oriented to by PEAK Center staff.

Exercise Classes

All exercise classes are structured and instructors are provided for your assistance. However, because the classes are open to all ability levels, and the instructors are not always able to provide individual attention, it is **YOUR RESPONSIBILITY** to monitor your physical activity and skin during the exercise class. PEAK Center instructors are degreed professionals with additional specialty certifications.

Terms

MEMBERSHIP FEES ARE NON-REFUNDABLE.

Waiver and Release

I have read and understand the above policies and agree to adhere to all rules and regulations established by the PEAK Center. I take full and complete responsibility for the condition of my physical health, and to the best of my knowledge I am in good health and can safely participate in the fitness facilities and programs of my choosing as offered by the PEAK Center. I understand that the PEAK Center does not and is not providing medical care or rehabilitation care. I also understand that there are risks of injury inherent in participating in the use of the PEAK Center facilities and its programs. In using the PEAK Center I understand that I am doing so at my own risk with full knowledge of the risks involved which include injury and the alternatives which include nonparticipation.

I expressly and unconditionally waive any claims and release the PEAK Center, Craig Hospital, and each of their respective staff, employees, and instructors from any legal liability for any claims, demands or actions, or causes of action whatsoever (including negligence and premises liability claims) caused by or arising out of the activities or operations of the PEAK CENTER, my use of the PEAK Center's equipment, or my participation in any of the PEAK Center's programs. In the event of a claim or lawsuit in which I am involved involving the PEAK Center or Craig Hospital, I agree to indemnify and hold harmless the PEAK Center, Craig Hospital, and each of their respective staff, employees, and instructors for any personal injury, illness, loss, cost, damage and expense I might incur as a result of negligence, accident or other occurrence during the use of the PEAK Center, any of it's facilities, equipment, or participation in its programs.

Client Name (please print)

Client Signature

Date

PEAK Staff Witness

Date

The PEAK Client Agreement

1. All medical related concerns, including non-life threatening emergencies, should be evaluated by your primary care physician or at the emergency room. PEAK Clients are welcome to utilize our outpatient department for medical care by appointment only.
2. The PEAK is a community-based fitness center. Although, the center is housed at Craig Hospital, PEAK clients only have access to the services and equipment located in the 1 West Gym on the Craig Hospital campus. To utilize other resources offered at Craig Hospital (i.e. driving education, therapeutic recreation, outpatient services, ATG Rehab) clients must call and set an appointment with those departments.

By signing below you acknowledge that you understand, and agree to the terms and conditions of this Agreement.

Client Name (Printed) If under 18, a signature of parent or guardian is required

Signature

Parent or Guardian Name (Printed) If your child is under 18

Signature

Date

The PEAK at Craig Hospital

Cancellation/Tardiness/Scheduling Policy

We take great pride in the services we provide to our members at The PEAK Center. While some cancellations are inevitable, cancellations within less than 48 hours and missed appointments limit our ability to provide optimal service to our members.

Cancellation policy:

- We require a 48 hour notice for cancelling or rescheduling appointments. Please call Chelsea Lownsdale at 303-789-8325 with your notification. Cancellations any later than exactly 48 hours will fall under either the limited emergency excuse cancellations or will be charged in full.
- Exceptions will be made in the case of an emergency or inclement weather.
- Each calendar year, each member is allowed 3 emergency excuse cancellations.
- Upon the fourth miss or emergency excuse cancellation within 48 hours of an appointment, the member will be charged the full session rate for the remainder of the calendar year.
- Any appointments cancelled at the same time will count as one event in regards to free cancellations and charged cancellations.

Tardiness policy:

- If you arrive late for a session, you are entitled to train for the remaining time left in that session.

Scheduling policy:

- Once you purchase personal training sessions or FES bike packages, no refunds will be provided for those services.

I have read and understand the above Cancellation/Tardiness/Scheduling Policy. As an active member at The PEAK, I will adhere to this policy and will be financially responsible for any fees incurred as a result of this policy.

Client Signature

Date

Client Name