



YMCA Total Health Consultation Goal Sheet

*Welcome to the **Sammamish Family YMCA!** Congratulations on taking a step toward better health. It is our intention to help you make better, more informed decision regarding your own total health plan. To help our trainers, please complete the following forms prior to consultation. Understanding your **PERSONAL** goals and special needs is critical for designing a successful program.*

Name _____ Date _____

Address _____ City _____ Zip _____

Email Address _____

Primary Phone _____ Other _____ Date of Birth _____

Preferred Day of the Week/Time of Day *(if unable to schedule with dates/times already offered)*

1. What brings you to the YMCA?
2. What are your favorite types of recreation? What are you doing currently or have enjoyed in the past?
3. Do you have any medical or health considerations that we should be aware of?
4. What is your number one personal lifestyle goal?
5. Have you experienced any obstacles in the past that might effect reaching this goal?
6. How can the YMCA health and fitness staff help you commit to your goal and overcome obstacles?

Date formed turned in: _____	Scheduled Appointment: _____ <i>(Day and date of appt. w/ trainer)</i>	With: Avivit Vicki <i>(Please circle)</i>
------------------------------	---	--

YMCA of Greater Seattle
Exercise Readiness and Release Form
(page 2)

Please check one

Yes No Unsure

- | | | | |
|---|---|---|--|
| — | — | — | 1. Do you have any orthopedic (back, bone, joint) problems that would prevent or effect your exercising?
<i>If yes, please describe briefly:</i> |
| — | — | — | 2. Do you have high blood pressure? |
| — | — | — | 3. Do you have any heart problems? |
| — | — | — | 4. Do you know of any reason why you may need to modify an exercise program (pregnancy, diabetes, recent surgery, medication)? Are there any other health concerns that should be discussed? If so, please describe briefly. |

If any of the above questions are answered yes or unsure, for your own protection, the YMCA recommends medical clearance from your physician before beginning any exercise program.

Please read and sign below:

I understand that participation in any fitness evaluation or physical exercise program may entail certain risks. These risks may include transient lightheadedness, fainting, chest discomfort, muscle sprains and strains, broken bones, and in some cases, heart attack or cardiac arrest. I hereby consent to and voluntarily accept these risks. I will report any physical discomfort or problems experienced during or after exercise to the YMCA staff immediately.

I understand that YMCA staff is not responsible for monitoring my fitness activities for me. I recognize my health may change at any time and the YMCA is making recommendation for my fitness activity based solely on the information I have given today. I understand it is my responsibility to inform my physician of any recommendations or precautions the YMCA has suggested regarding my fitness activities at the YMCA or the fitness activity recommendations of the YMCA staff.

Participant Signature

Date

Signature of Parent/Guardian *(if participant is 18 or younger)*

Date



Stanford Health and Lifestyle Assessment

Dear Member,

We are pleased to offer the **Stanford Health and Lifestyle Assessment** (SHALA) to you as a tool to help you understand your current health status. Please follow the directions below, print your Assessment and bring it to your Total Health consultation appointment. Together you and your coach can set goals at your Total Health Consultation to help you establish a healthy lifestyle. We look forward to meeting you!

Sammamish Family YMCA Health and Wellness Staff

Instructions to Create a New Account

- Go to <http://stanfordhealthimprovement.org/hlp>
- Click on the link: [Create an account now!](#)
- Answer **Yes** to the question “Are you a YMCA member?”
- Answer **No** to the question “Are you a part of a YMCA sponsored corporate...”
- Enter **WA** for the 2-letter abbreviation of your state.
- Choose **Issaquah** from the pull down menu of cities.
- Choose **Sammamish Family YMCA** for your YMCA.
- **Create your username and password.** Usually your username will be your email address. You will also be asked a security question which will enable you to reset your password if you should forget it in the future.
- Confirm your information is correct.
- Log in and follow the links to take the Stanford Health and Lifestyle Assessment. You can start the assessment and finish it at a later time.
- You may retake the survey at a later time. We recommend retaking the survey in a year as a way to follow your progress.

