MARCH OF DIMES CANADA | LA MARCHE DES DIX SOUS DU CANADA

Program Application
PD Adult Conductive Education® Program

Thank you for your interest in Conductive Education®.

Conductive Education® is a community rehabilitation program offered through March of Dimes Canada, whose mission is to maximize the independence, personal empowerment, and community participation of people with disabilities.

Designed specifically for people with neurological motor disorders, Conductive Education® offers an alternative group setting approach to rehabilitation for people living with Cerebral Palsy, Spina Bifida, Multiple Sclerosis, Stroke, Parkinson's, and Acquired Brain Injury

Thousands of Canadians are diagnosed with the above conditions each year, and Conductive Education® and March of Dimes Canada are here to offer help and support to these individuals and their families.

Everyone involved in Conductive Education® knows that progress is possible, regardless of age, disability, or the amount of time since diagnosis, and it is this shared belief that creates a positive, motivating, and inspiring environment which is conducive to learning.

In Conductive Education®, each person is viewed and treated as an individual, with individual needs and circumstances. As such, there is no "one size fits all" approach to attendance. No referrals are required for the program and a conductor will be able to make a recommendation regarding attendance after an initial consultation has been held.

A completed application form is required for each adult that attends the CE program. Conductors use this information to assess and place the individual in the appropriate group and to prepare the task series for each individual in advance of their attendance. All information collected will be kept confidential. Please print your name and the signatory initials on the top of each page.

How do I get involved?

- After submitting this application form, a member of the CE team will contact you to set up an initial consultation. (Contact information is listed below)
- At the initial consultation, the team will meet with you to explain more about the CE program. At the consultation we will go through a series of movements to see where you with your movements, and talk about aims that can be set, if you choose to attend the program. A full consultation report is written and will be shared with you.
- CE is currently not covered by health and insurance plans.

Toronto, Ontario Location:

Where are CE Sessions held? Toronto, ON

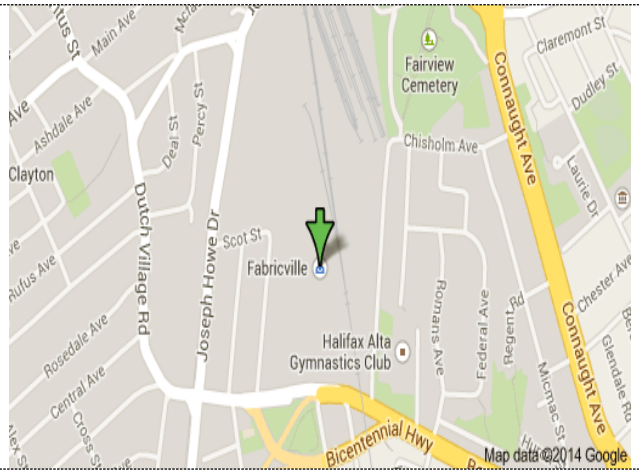
This form can be mailed, faxed or emailed to our CE team at:

Mail:
March of Dimes Canada
Conductive Education® Program
10 Overlea Boulevard
Toronto, ON M4H 1A4

Fax: 1-416-425-1920,
Attention: Conductive Education® Team
Email: ce@marchofdimes.ca
Phone: 1-800-263-3463 / 416-425-3463, ext. 7262

Participant's Name:	Signatory Initials:

Halifax, Nova Scotia Location:

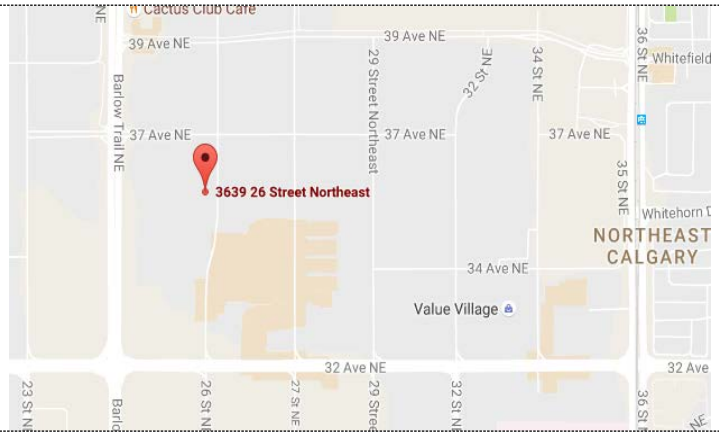


This form can be mailed, faxed or emailed to our CE team at:

Mail:
March of Dimes Canada
Conductive Education® Program
7071 Bayers Road, Suite 276
Halifax, NS B3L 2C2

Fax: 902-444-3692
Attention: Conductive Education® Team
Email: ce@marchofdimes.ca
Phone: 902-444-1090

Calgary, Alberta Location:



This form can be mailed, faxed or emailed to our CE team at:

Mail:
March of Dimes Canada
Conductive Education® Program
3639 26 St NE
Calgary, AB, T1Y 5E1

Fax: 403-263-8954
Attention: Conductive Education® Team
Email: ce@marchofdimes.ca
Phone: 403-473-4920

Thank you for considering the CE program through March of Dimes Canada. We look forward to working with you and helping you achieve greater independence.

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Participant's Name:	Signatory Initials:

Consumer Information			
First Name:	**Initial(s):**	**Last Name:**	
Name Commonly Used:		**Gender:** ☐ Male ☐ Female	
Address:			
City:	**Province:**		**Postal Code:**
Date of Birth *(mm/dd/yy)*:		**Health Card No.:**	
Home Phone:	**Email:**		
Work Phone:		**Cell:**	

Living Situation: ☐ Independent Living ☐ Lives with Family ☐ Supported Living

Diagnosis Information	**Emergency Contact Information**
Diagnosis:	**Name of Contact:**
	Relationship to Applicant:
	Home Phone:
Date of Diagnosis *(mm/dd/yy):*	**Work Phone:**
	Cell Phone:
	E-mail:

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Participant's Name:	Signatory Initials:

Symptoms and Manifestation of Disorder

Diagnosis: Parkinson's Disease

Has anyone in your family had the same diagnosis? *(if yes, please specify)* ☐Yes ☐No

Which side of your body has been more affected: ☐Left ☐Right ☐Both

Do you experience:	**Comments** *(if checked yes for any of the following, please give details and explain how your daily activity is affected)*	
Tremor If yes, where:	☐Yes ☐No	
Stiffness: If yes, where:	☐Yes ☐No	
Slowness of movement?	☐Yes ☐No	
Postural changes	☐Yes ☐No	
Freezing (suddenly stop and can't move)	☐Yes ☐No	
Dyskinesia (involuntary movements)	☐Yes ☐No	
Visual problems (double vision, vision loss, etc.)	☐Yes ☐No	
Falling If yes, how frequently:	☐Yes ☐No	
Lack of facial expression	☐Yes ☐No	
Pain If yes, where: Rating 1-5 *(5 being the worst)*:	☐Yes ☐No	
Speech or breathing problems (volume, articulation, etc.)	☐Yes ☐No	
Difficulty with writing (micrographia, dyskinetic writing, etc.)	☐Yes ☐No	
Across your drug cycle is there any significant variation in your condition?	☐Yes ☐No	

Additional symptoms or comments:

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Participant's Name:	Signatory Initials:

Daily Activity *(please mark the appropriate box)*

Are you able to…?	Not at all	With help	On your own with difficulty	On your own easily	Comments
Sit up from bed	☐	☐	☐	☐	
Weight bear transfer	☐	☐	☐	☐	
Transfer (e.g., bed to chair)	☐	☐	☐	☐	
Turn over in bed	☐	☐	☐	☐	
Stand up from a chair	☐	☐	☐	☐	
Walk	☐	☐	☐	☐	
Get up from the floor	☐	☐	☐	☐	
Walk around outside in summer	☐	☐	☐	☐	
Walk around outside in winter	☐	☐	☐	☐	
Climb stairs	☐	☐	☐	☐	
Walk over uneven ground	☐	☐	☐	☐	
Cross the road	☐	☐	☐	☐	
Get in and out of a car	☐	☐	☐	☐	
Drive a car	☐	☐	☐	☐	
Travel on public transit	☐	☐	☐	☐	
Do your own housework	☐	☐	☐	☐	
Do your own cooking	☐	☐	☐	☐	

Self -Care Activities *(please mark appropriate box)*

Are you able to…?	Not at all	With help	On your own with difficulty	On your own easily	Comments
Dress upper body	☐	☐	☐	☐	
Dress lower body	☐	☐	☐	☐	
Undress	☐	☐	☐	☐	
Eat	☐	☐	☐	☐	
Drink	☐	☐	☐	☐	
Use the toilet	☐	☐	☐	☐	

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Participant's Name:	Signatory Initials:

Health Conditions

Please check either yes or no, and provide any details related to the condition:

Condition		Additional Details
Fainting	☐Yes ☐No	
Tuberculosis	☐Yes ☐No	
Heart Condition	☐Yes ☐No	
High Blood Pressure	☐Yes ☐No	
Low Blood Pressure	☐Yes ☐No	
Asthma	☐Yes ☐No	
Frequent Colds	☐Yes ☐No	
Diabetes	☐Yes ☐No	
Allergies (please describe)	☐Yes ☐No	
Seizures (please describe frequency, type and any medical procedures)	☐Yes ☐No	
Other Information		
Surgery (please specify type and date)	☐Yes ☐No	
Do you use any assistive devices	☐Yes ☐No	If yes, specify type:
Do you wear glasses or contact lens	☐Yes ☐No	If yes, why:
Do you have difficulty hearing	☐Yes ☐No	If yes, do you use hearing aids: ☐Yes ☐No

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Other Factors

1. **Rehabilitation** – please describe any rehabilitation treatment that you are receiving for your condition (e.g., physiotherapy, OT, speech therapy, personal trainer, yoga, pilates, etc.)

2. **Physical/Psychological** - Please state any physical or emotional concerns, and detail any other information that you feel should be made known to the conductors:

3. Communication Methods

a. First Language:

b. Speech: ☐Clearly understood ☐ Slightly difficult to understand ☐ Few Words ☐Non-verbal

c. Communication Device: Please list any communication devices you use

d. Other Communication Methods (please describe):

4. **Occupation**: What is your current and/or previous occupation(s):

If required, do you have a caregiver/friend who could attend with you ☐Yes ☐No

How did you hear about Conductive Education® at March of Dimes Canada?

☐Friend ☐Advertisement ☐Internet (Social Media/Website)

☐Other – *please specify:*

Declaration and Signature

I hereby state that the above information is true to the best of my knowledge

Signature:	Date (mm/dd/yy):

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Liability, No Action, Indemnity Clauses: Release

Please read and sign the following Exclusion of Liability, No Action and Indemnity clauses. By signing below, your will waive certain legal rights, including the right to sue. Please read carefully.

In consideration of the services to be provided to me by March of Dimes Canada, I hereby agree as follows:

1. EXCLUSION OF LIABILITY--not to hold March of Dimes Canada, their members, directors, volunteers, officers, agents, representatives, employees, or assigns ("Releases"), or any of them, liable for any losses, damages or injuries that I may suffer, whether to person or property, howsoever caused, including negligence, breach of contract and breach of any statutory duty or other duty of care, on the part of the Releases, or any of them;
2. NO ACTION--not to bring any action, proceedings or claims against the Releases, or any of them, for any losses, damages or injuries that I may suffer, whether to person or property;
3. INDEMNITY--to indemnify and hold harmless the Releases and each of them from and against all claims, actions, costs, expenses and demands brought by any person in respect of death, injury, loss or damage, whether to person or property, resulting directly or indirectly from my participation with the Releases and the delivery of the projects and services of March of Dimes Canada.

Declaration and Signatures

☐ I have read and understood this agreement, and I am aware that, by signing this agreement, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, and assigns may have against the Releases.

☐ I hereby release and hold harmless all March of Dimes Canada and any and all other funding or organizations and sources, the owners and/or operators of any facilities utilized and any providers/ conductors of instruction, the agents and employees of any of these parties, from all liability and claims for any injuries or accidents to myself, as well any damages from any cause to any personal property that may occur while participating in the said Conduction Education ® Program.

Full name of applicant:	**City:**	**Date:**

Applicant's Signature:	**Witness:**
Spouse/Caregiver Signature:	**Witness:**