



# PRE-ASSESSMENT / RELEASE FORM - ADULT

## CONDUCTIVE EDUCATION REHABILITATION SERVICES

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Manitoba Health PIN: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Alternate Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel: \_\_\_\_\_

### PARTICIPANT'S MEDICAL INFORMATION

Diagnosis: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Neurologist: \_\_\_\_\_ Clinic: \_\_\_\_\_ Tel: \_\_\_\_\_

Other Specialists: \_\_\_\_\_

Medical Info / Updates: \_\_\_\_\_

Please describe the symptoms of your condition:

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Please describe how your condition affects you in your daily life:

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Do you have seizures? YES NO If yes, please describe: \_\_\_\_\_

Action to be taken in the event of a seizure: \_\_\_\_\_

Do you have any allergies? YES NO If yes, please list and describe reaction \_\_\_\_\_

Are you currently on any medication? YES NO If yes, please indicate below:

Medication	Dose/frequency	Reason for use

Do you have any visual problems? YES NO

If yes, please explain: \_\_\_\_\_

Do you have any hearing problems? YES NO

If yes, please explain: \_\_\_\_\_

Do you have any additional medical problems? YES NO

If yes please explain: \_\_\_\_\_

What services/therapies/treatments are currently being used?

Please list current activities/commitments (i.e. full or part time work, clubs, societies)

## Conductive Education

How did you hear about The Movement Centre and / or about Conductive Education?

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What are your aims and expectations? Short term: \_\_\_\_\_

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Long term: \_\_\_\_\_

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Did you fill this form out yourself? YES NO

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **IMPORTANT – PLEASE READ CAREFULLY**

Note:  We are a peanut free environment.

**GETTING STARTED** - Once The Movement Centre receives your completed pre-assessment form, our program facilitator will contact you to discuss it further. If they feel that Conductive Education may benefit you, they will discuss a suitable time to come here for an assessment. It will take approximately an hour and we ask that you wear loose, comfortable clothing. The fee for the assessment is \$75. The Conductor will provide recommendations based on the current programs offered. A written assessment report will be mailed at a later date. Placements are at the discretion of the Conductor and are subject to change.

**FEES / COSTS** - Fees charged reflect a highly subsidized rate of \$ 27.00/hour and are paid by you on or before the start of the program block. An official tax receipt is issued to you, which can be claimed under medical expenses when filing your annual income tax return. Because fundraising initiatives are held throughout the year in order to maintain this subsidized rate, it is expected that all families assist and volunteer in fundraising efforts. Agencies that pay fees on your behalf are subject to a non-subsidized rate of \$50 per hour per program.

**Assessment Fee** - \$75 (due at time of assessment)

**Annual Membership (Jan – Dec)** - \$25 (active participants must be members in good standing)

**Program Costs** – Invoices are issued according to program blocks which are generally 6 – 12 weeks each. For example purposes only; if you register to attend a 2 hour session once per week for 6 weeks it would cost you \$324.00. This invoice would be due on or before the first day of the program, however if you prefer to pay after the start date or select a payment plan, a \$20 late fee will apply.

**Option** – To help offset some of your costs for Conductive Education, we are happy to offer our clients a “family fundraising” opportunity through a Mom’s Pantry & Movement Centre initiative. If you are interested in hearing how this works, or if you have any other questions, please contact the office at 489-2679.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the following:  
(participant, parent, guardian, caregiver)

1. Take / release photos and/or videos for the purpose of advertising / public relations regarding The Movement Centre of Manitoba Inc programs or facilities.

YES NO

2. Provide/release information to healthcare and/or education providers.

YES NO

Signature of Participant: \_\_\_\_\_  
(if participant is able to sign)

Signature of Parent or Caregiver: \_\_\_\_\_  
(if participant is unable to sign)

**If at any time you choose to make changes to this form, please let us know and we will replace it accordingly.**

**Thank you.**

**Conductive Education**  
Teaching Independence – Transforming Lives