



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: _____

Neurologist: _____ Clinic: _____ Tel: _____

Other Specialists: _____

Medical Info / Updates: _____

Please describe the symptoms of your condition:

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

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?


What are your aims and expectations? Short term: _____

Long term: _____

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, one of our Conductors will contact you to discuss it further. If they feel that Conductive Education may benefit you, they will discuss with you a suitable time for your 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 and are to be paid by the family on or before the start of the program block. A receipt is issued to the family for which you can claim 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 behalf of the family are subject to a non-subsidized rate.

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 typically 10 – 15 weeks each. Program fees are due on or before the first day of the program. If you prefer to pay after the start date or select a payment plan, a \$20 late fee will apply which is incurred one time during the program block (additional late fees may apply for program fees not paid by the end of the program block).

Self Fundraising Option – We are happy to offer our clients fundraising opportunities in which they can earn credits towards their Conductive Education fees. If you are interested in hearing how this works, please contact our office at 204-489-2679.



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