



‘SAUGA STROKE BREAKERS (‘SSB)
Mississauga Valley Community Centre
Participant Consent to disclose personal information

Participant Full Name: _____

‘Sauga Stroke Breakers is a Therapeutic Recreation program assisting adult survivors of stroke with an opportunity to participate in recreation activities in a community setting. Acceptance to the ‘Sauga Stroke Breakers requires:

- Physician approval
- An interview with the program coordinator to ensure the program is able to meet the needs, goals and safety requirements of the participant.

Participants may not be admitted to the program if the program design, staffing and safety measures are not in alignment with the needs of the participant

By signing this form where indicated below, you acknowledge, understand and agree that the City of Mississauga (“City”) may collect, use and disclose: i) the information provided herein, and ii) personal health information that you provide to the City from time to time related to the Program for the following purposes or for a consistent purpose:

- To provide the Program services to you and share with volunteers and staff who work with you while you are in the program.
- To authorize your physician to provide the information requested below to the City of Mississauga for use in the Program.
- To propose and with your consent, provide additional services that may be appropriate for you from time to time.
- To dialogue with your healthcare providers about participation in the program
- To comply with and as permitted by the Municipal Freedom of Information and Protection of Privacy Act (“MFIPPA”) and applicable privacy laws and regulations

Participant Signature: _____ Date: _____

Personal information on this form is collected under the authority of the City of Mississauga bylaw 0282-2011. The personal information will be used for the purposes identified below. Questions about this collection should be directed to the **Pool Supervisor, Terry Fox Pool, 1275 Mississauga Valley Blvd, Mississauga, Ontario L5A 3R8, and Telephone: 905-615-4670 x2471**

PARTICIPANT INFORMATION (please print clearly)

Last Name _____ First Name _____
Address _____ Unit/Apt _____
City _____ Postal Code _____ Tel:() _____
Age _____ (DOB) _____ Date of Stroke(s) _____

Have you participated in 'Sauga Stroke Breakers in the past?

- No, I am a first-time participant
- Yes. The last time I participated was _____

Note: If health deteriorates or other health concerns arise during the program, participants are instructed to get another physician signed referral form.

EMERGENCY CONTACT

Emergency Contact Name (First/Last)	Contact #'s	Relationship

Referred by:

- THP Miss THP CVH Self Other: _____

Referral Name: _____

TRANSPORTATION

- I will come by way of Transhelp, user # _____
- I will have my own transportation _____

What would you like to achieve by participating in the program?

MOBILITY

The participant can walk 100 meters:

- Independently: With minimal help Needs full assistance

Devices used:

- Wheelchair Scooter Walker Quad cane Straight cane
- None

Other information: _____

Comments: _____



SAUGA STROKE BREAKERS ('SSB)
1275 Mississauga Valley Blvd. Mississauga On L5A 3R8
Physician Referral Form

Dear Physician,

"Sauga Stroke Breakers('SSB) is a therapeutic recreation group program for stroke survivors who have completed formal rehabilitation. Our therapeutic recreational programs bridge the gap between clinical therapy and traditional exercise and are not intended to take the place of physical, occupational or other therapies. SSB is a four hour program offered once per week. Participants have the option to register for the full 32 week session from Sept to June or for one twelve week session at a time (Fall, Winter, Spring).

All participants are involved in a 1.5 hour pool session which includes ambulation, stretching and gentle range-of- motion exercises geared toward maintenance of mobility and enjoyment. Pool sessions take place in both our therapeutic pool (92 degrees) and main tank (84 degrees).

Community volunteers are in the water with participants and help to facilitate their participation at their own level of comfort. Land activities follow the pool session and include a lunch (brought by the participant), tai chi exercises (sitting or standing), table tennis, painting, socialization, crafts and games, and may include special community outings.

Medical direction is required with regards to patients' limitations and to ensure this program is suitable for the individual. Our therapeutic programs require that individuals are not under direct medical supervision while participating, educated about and able to manage their conditions either with or without personal supports. Some current participants are managing well and living with one or more of the conditions following conditions: Diabetes, Cardio Vascular disease, Paralysis, Seizures.

Please note any contributing factors/areas of concern (low vision, low hearing, speech, memory etc) that may affect this person's participation in the program.

(Patient's Name-Please Print Clearly)

- May participate independently in the program
- May participate with a support person (provided by the family) in the program
- May NOT participate in 'Sauga Stroke Breaker program.

Doctor's Name _____ Telephone # () _____

Office Address: _____

Doctor's Signature: _____ Date: _____

Note: An annual referral form is required. If health deteriorates or other health concerns arise during the program, participants may be required to provide an updated physician referral form.