



# Confidential Health Assessment (page 1 of 2)

P3

Name in full: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of GP: \_\_\_\_\_ Telephone of GP: \_\_\_\_\_

We are committed to meeting disability or other support needs to assist you to participate in the Encore program. Please tick any of the following boxes if applicable. You will be contacted for more information prior to the course.

- Hearing impairment**
- Visual impairment**
- Other – please comment :**

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Do you have, or have you had, any of the following? (tick as appropriate)

		<i>Controlled?</i>
Fainting/dizzy spells.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart condition.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Low blood pressure.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anaemia.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breathlessness.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest pains.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incontinence (fecal or urinary).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High cholesterol.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arthritis or other joint or muscle problems?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you had hip or knee replacement? If yes, what/where?

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Do you have trouble getting in and out of a pool? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you comfortable in the water?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Please list any **other** relevant medical conditions that could affect your participation in ENCORE’s exercise program: \_\_\_\_\_

**Please note the following:**

- Participants with an open wound are not permitted to enter the water
- Participants currently undergoing treatment will need clearance from their treating specialist

**Details of breast surgery and treatment (if applicable)**

Date of breast cancer surgery: \_\_\_\_\_

Type of surgery (optional): \_\_\_\_\_

Have you had further breast surgery (i.e., breast reconstruction, other)  Yes  No

Type of surgery (optional): \_\_\_\_\_

Date of surgery: \_\_\_\_\_

Are you still undergoing treatment for your breast cancer?

Chemotherapy .....  Yes  No

Radiotherapy.....  Yes  No

Hormone therapy .....  Yes  No

Have you been diagnosed with lymphoedema?..... Yes  No

If so, which part/s of the body are affected by lymphoedema: \_\_\_\_\_

Please list other information relevant to your breast cancer surgery or treatment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medication?  Yes  No

If yes, what medications are you taking? And what are you taking them for?

Medications:	Reasons for taking:
1	
2	
3	
4	
5	

## Collection and handling of personal information

### Why is personal information collected?

The YWCA collects personal information (including health information) from you so that it has all the necessary information it needs to provide the YWCA ENCORE program to you safely.

We will use your health information to confirm that you are suited to participate in the YWCA ENCORE program and we will use your contact details to provide you with YWCA ENCORE newsletters or communications.

The YWCA may extract 'de-identified' data from our records to aggregate that data for statistical purposes (e.g., to demonstrate demand for the program in a particular area). However, any reports that are compiled from that data will not identify you, or anyone else.

Occasionally, the YWCA may seek to record footage about the YWCA ENCORE program for promotional purposes. However, we will not collect any personal information or use your image or footage in which you are featured without obtaining your consent.

### Who is personal information shared with?

Your personal information will be collected by the local YWCA Association or partner organisation that is providing the ENCORE Program to you, and shared only with YWCA Australia, the body responsible for maintaining the quality of the program nationally. Your personal information will not be shared between the various YWCA associations.

Personal information of YWCA ENCORE participants will not be disclosed to third parties outside of YWCA Australia and the YWCA partner organisation delivering your program. YWCA Australia will only disclose personal information if it is required or authorised to by law.

### Access and Correction

Under the Privacy Act, you have a right to seek access to personal information, which the YWCA holds about you (subject to some exceptions). You may also have a right to request personal information about you to be updated or corrected. We will consider each request on a case by case basis.

If you would like to make a request for access under the Privacy Act, please contact YWCA Australia on (02) 92 85 6264.

**Please complete the form on the other side of this page and return it with your other forms to:**

**YWCA Hunter Region Inc.**  
YWCA Encore Program  
24 Dawson Street  
Cooks Hill NSW 2300

**Or scan and email the forms to: [encore@ywcahunterregion.org.au](mailto:encore@ywcahunterregion.org.au)**

**Consent for collection and handling of personal information**

I understand that YWCA Australia needs to collect personal information (including health information) about me.

I consent to the collection of personal information (including health information) about me, and to the handling of that personal information by YWCA Australia in the way described in this form

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

Print name: \_\_\_\_\_

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

**If you do not have an electronic signature you will be required to sign this on the first day before commencing the program.**

I am willing to be contacted by YWCA Encore for media opportunities that may arise.  Yes  No

(For example, local newspaper articles)

Email address (if you wish to be contacted electronically): \_\_\_\_\_