CHAMP The Community Health and Mobility Partnership

Consent Form

Description of screening activities

During the course of the screening session, health profession students and their supervisors will have you complete questionnaires and talk with you to assess the following aspects of your health and function:

1. Health history and current conditions (includes medical conditions, blood pressure, and pulse)
2. Unsteadiness and falling
3. Vision
4. Medication
5. Home safety, use of walking devices
6. Depression
7. Physical activity

You will also be asked to perform physical tasks that require getting up from a chair, walking, and balancing.

Trained health personnel will talk with you about things you can do to improve your balance and reduce your risk of falling. At the conclusion of your screening session, you will be provided with a summary of information about your performance and specific exercise recommendations. Your screening session will take approximately 1 hour.

If you have any medical condition in which physical activity is contraindicated, including uncontrolled hypertension, chest pain, shortness of breath, or pain that is worsened by physical activity, you should not participate.

Benefits of participation

You will benefit from this screening program by receiving individualized feedback from trained health personnel about your general health, balance, mobility, and risk of falling. You will also receive recommendations to help you improve your balance and reduce your risk of falling and other health-related concerns.

Risks of participation

During this screening program, you will be asked to perform several mobility skills, such as getting up from a bed and a chair, walking, and balancing. Performance of these skills involves minimal risk of fatigue or loss of balance. To minimize the risk of loss of balance or falling, trained health personnel will remain next to you during the tests and will provide assistance should you become unsteady. You may rest at any point during the screening process.

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Follow Up

Depending on your screening results, you may be referred to other health care providers or scheduled to attend subsequent CHAMP events to check on your progress. We also will follow up with you to see whether you need help with any of our recommendations or with accessing community services.

Protecting your privacy

The information gathered from this event will be kept confidential and will only be available to your physician and the staff participating in this screening event. Otherwise, the results of this screening will be reported only in aggregate form. You will not be identified in any way.

Statement of consent

I, _____, have read and understand the above information. I have freely chosen to participate in this free screening event. By voluntarily participating in today's screening, I accept all risks associated with it. I understand that this screening should in **no way** replace an annual physical/check-up provided by a physician, and will only address certain specific health needs. I understand that the persons involved in this screening will maintain confidentiality of the results in accordance with federal and state laws. All of my questions have been answered satisfactorily. I consent to:

- ☐ Participation in this screening event
- ☐ Being contacted by telephone after the screening event
- ☐ CHAMP staff sharing the findings from this screening event with my primary care provider.
  My primary care physician or other provider is:
  Name:

  My primary care physician's contact information is:
  Address:
  Phone:
  Fax:

_____ _____
Participant's Printed Name Date

_____ _____
Participant's Signature Date

_____ _____
Witness Signature Date