



Welcome! Please complete this form before participating in ZSFG's Community Wellness Program

Zuckerberg San Francisco General Hospital's (ZSFG) Community Wellness Program

PARTICIPANT INFORMATION AND LIABILITY WAIVER

ALL INFORMATION COLLECTED IS CONFIDENTIAL. IT WILL NOT BE SHARED INAPPROPRIATELY.

\*FIRST NAME \_\_\_\_\_ \*LAST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

\*DATE OF BIRTH \_\_\_\_\_

GENDER:  Female  Male  Trans Female  Trans Male  Genderqueer/Non-binary  Not listed: \_\_\_\_\_

\*STREET ADDRESS \_\_\_\_\_

\*CITY, STATE, ZIP \_\_\_\_\_

\*PHONE (Mobile) \_\_\_\_\_ EMAIL \_\_\_\_\_

\*How would you like to be contacted for wellness updates?  Email  Mail  Text Message  No Contact

\*EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

\*YOU ARE A:

Patient  DPH employee  UCSF employee  Community Member  Other \_\_\_\_\_

RACE/ETHNICITY (Optional, but it helps us offer more free cultural classes!)

Asian/Pacific Islander  African American/African  Caucasian  Latino/Chicano  Native American  Other \_\_\_\_\_

How did you hear about the ZSFG Community Wellness Program? (Check all that apply)

- Provider's/Doctor's Referral  Community member  Other Hospital Staff  Wellness Event (i.e. Summer Fest)
 The Bridge (Hospital Newsletter) Email  Flyers  Walked by the Center  Wellness Center Newsletter
 Support/Education Group \_\_\_\_\_  Other: \_\_\_\_\_

What would you like to change/improve by coming to the Community Wellness Program?

\_\_\_\_\_

HEALTH STATUS

Do you have a health condition that you plan to improve by participating in the Wellness Program?

Yes  No

DO YOU HAVE:

High blood pressure?  Diabetes?  Anxiety or depression?  High cholesterol?

What other health or wellness issues/needs/goals do you have? \_\_\_\_\_

FOOD SECURITY

- 1. Within the past 12 months, you worried whether your food would run out before we got money to buy more.
 Often True  Sometimes True  Never True
2. Within the past 12 months, the food you bought just didn't last and we didn't have money to get more.
 Often True  Sometimes True  Never True

**LIABILITY WAIVER**

**This form must be signed and dated BEFORE participating in Community Wellness Program classes.**

**Initials:**

- \_\_\_\_\_ 1. Movement activities carry certain risks that can result in injury, both minor and major. I voluntarily assume and accept all risks involved in participating in ZSFG's Community Wellness Program activities.
- \_\_\_\_\_ 2. In consideration of the opportunity to participate in movement activities, I am waiving the right to file any claim or lawsuit against ZSFG for any injury or damage resulting from my participation in these activities.
- \_\_\_\_\_ 3. In consideration of the betterment of the Community Wellness Program, I understand that the Community Wellness Program will collect my information into a database for the purpose of program improvement and analysis. I also understand that I may be notified by the Community Wellness Program about updates and cancellations.
- \_\_\_\_\_ 4. The San Francisco Department of Public Health (SFPDH) is committed to ensuring the access to services, and the safety of all persons entering SFPDH facilities, and will take necessary action to uphold state laws and city ordinances that govern conduct in public health facilities. The ZSFG Community Wellness Program does not permit and will not tolerate inappropriate conduct. Examples of inappropriate conduct can be found in our Guidelines. (You can ask staff to locate Guidelines)
- \_\_\_\_\_ 5. I understand I must adhere to ZSFG Community Wellness Program guidelines posted in the Community Wellness Center. I also understand the ZSFG Community Wellness Program reserves the right to refuse service to anyone.
- \_\_\_\_\_ 6. I have carefully read this agreement and fully understood its contents and I understand it.

**Initials: (Optional)**

Consent to be photographed/interview/videotape

- \_\_\_\_\_ 7. The Community Wellness Program occasionally takes photos, videos, and interviews of our events/classes/groups in order to gain support for and improve the Community Wellness Programs. By initialing, I permit the Community Wellness Program to use my photograph/video/interview for the purposes and manners as may be deem appropriate for public education and public relations. In the case I do not want any type of photographing for these reasons, I can contact The Wellness Center to remove the photograph/interview/videotape at [sfghwellness@sfdph.org](mailto:sfghwellness@sfdph.org) or ZSFG Wellness Center 2D35 1001 Potrero Ave, San Francisco, CA, 94110.

***PARTICIPANT***

**\*SIGNATURE** \_\_\_\_\_ **\*DATE** \_\_\_\_\_

**\*PLEASE PRINT NAME** \_\_\_\_\_

***PARENT/GUARDIAN*** (if participant is under the age of 18)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE PRINT NAME** \_\_\_\_\_