



Co-Sponsored by Jewish Social Services of Madison and Temple Beth El



Registration Form - Stepping On Workshop

Workshop Location:

Temple Beth El, 2702 Arbor Dr., Madison, WI 53711
7 Weekly Thursday Morning Sessions 9:30 AM – 11:30 AM
03/14/2019 – 04/25/2019

Your Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (HOME) _____ (CELL)

Do you use e-mail: ___YES ___NO

If YES, what is your e-mail address? _____

Please circle answers:

1. Do you live in a house or apartment? YES NO
Note: If your answer is NO, this workshop may not be appropriate for you. Consider talking with your doctor about having a falls assessment and other methods of preventing falls.
2. Are you able to walk without the help of another person? YES NO
Note: If your answer is NO, this workshop may not be appropriate for you. Consider talking with your doctor about having a falls assessment and other methods of preventing falls.
3. Do you use a walker, scooter or wheelchair most of the time indoors? YES NO
Note: If you need assistance with a walker, scooter or wheelchair most of the time when walking indoors, this workshop may not be appropriate for you. Consider talking with your doctor about having a falls assessment and other methods of preventing falls.
4. Have you fallen in the past year? YES NO
If yes, how many times? _____
Note: If you have fallen six or more times in the past year, consider talking with your doctor about whether you may benefit from additional individualized assessment or intervention.
5. Do you have any problems with your vision? YES NO
If YES: please describe what we'd need to do to accommodate your needs in the workshop:

6. Do you have any problems with your hearing? YES NO
If YES: please describe what we'd need to do to accommodate your needs in the workshop

7. How did you hear about the *Stepping On* workshop?

friend health care provider brochure (where picked up?) _____
 family member other (please specify)

Please note that there is a \$35 fee for this workshop. Please pay by check or credit card by registering in person or mailing a check with this completed form. If you are mailing a check, make it payable to: Jewish Social Services

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Please mail form to:
Jewish Social Services
6434 Enterprise Ln,
Madison, WI 53719
Attn: Caren Minkoff

CONSENT TO USE IMAGE FOR QUALITY ASSURANCE, EDUCATIONAL OR PROMOTIONAL PURPOSES

By checking the box below, I voluntarily consent to and authorize all persons associated with the Wisconsin Institute for Healthy Aging (WIHA) to videotape or otherwise photograph or record my voice or image in this workshop for quality assurance, promotional or educational purposes only, including use in training manuals and on websites and brochures. Neither my name, nor any other identifying information will be provided unless I provide specific separate consent. I waive any right to inspect or approve the videotape or any of the other photography or recordings or to receive any compensation for my participation.

Yes

No

*If you have any questions regarding the registration or the workshop, please call:
Caren Minkoff at Jewish Social Services
Phone 608-442-4081 or Email: caren@jssmadison.org