

New Member Information

Welcome to the Parkinson's Connection at the Katz JCC!
We are pleased to welcome you into our program.
To begin, please complete the following documents:

1. Member Information Form
2. PDQ-39 Questionnaire
3. Personal Liability Waiver



Date ____/____/____

Name _____ DOB (MM/DD/YYYY) ____/____/____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Email _____

How did you hear about Rock Steady (circle)? Referral / Media /Website / Other _____

Preferred Hospital/Network: _____

Primary Care Physician: _____

Phone: _____ Fax: _____

Neurologist: _____ Practice/Network: _____

Phone: _____ Fax: _____

Other Medical Information/Allergies: _____

Any other current or past diagnoses that we should be aware of before you begin?

Parkinson's Information:

Estimated date of diagnosis ____/____/____

What symptoms of Parkinson's are you experiencing in your daily life? _____

Are you experiencing any of the following symptoms? (check all that apply)

- Tremors - if yes, which side is most affected? RIGHT LEFT BOTH
- Postural changes
- Loss of balance in the last year
- Slowness of movement
- Vision impairment
- Difficulty concentrating or staying focused
- Fatigue
- Depression

Do you: (check all that apply)

- Use a walker, wheelchair or other assistive device
- Have Deep Brain Stimulation (DBS)
- Feel dizzy or unsteady with sudden movements
- Have difficulty getting down or rising from a seated or lying position

What do you wish to gain from joining Rock Steady Boxing? _____

Do you have questions or concerns about the program before we get started? _____

AHA/ACSM Health/Fitness Facility

Pre-Participation Screening Questionnaire

History: (check all that apply)

You have had:



- A heart attack
- Heart surgery
- Cardiac catheterization coronary
- Angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator
- Rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Other heart condition (specify) _____

Symptoms:

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting or blackouts
- You take heart medications

Other health issues:

- You have diabetes
- You have asthma or other lung disease
- You have burning or cramping sensation in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You have concerns about the safety of exercise
- You take prescription medication(s)
- You are pregnant

In Case of emergency Information:

Emergency Contact #1

Name _____ Relationship _____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Email _____

Emergency Contact #2

Name _____ Relationship _____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Email _____

Do you take daily medication? If yes, please list ALL (Parkinson's and non-Parkinson's):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Media Release:

I _____ (member name) allow the Katz JCC/Rock Steady Boxing to publish or broadcast my image/likeness and/or name for promotional purposes associated with Rock Steady Boxing and/or Parkinson's Connection programming.

Signature _____ Date _____