



FIGHTING BACK AGAINST PARKINSON'S

MEMBER INFORMATION

Welcome to Rock Steady Boxing! We are pleased to welcome you into our program.

To begin, please complete the following form:

Today's Date ____/____/____

Name _____ DOB ____/____/____

Address _____

City _____ Post Code _____

Home phone _____ Mobile _____

Email _____

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

EMERGENCY CONTACT INFORMATION

Name _____

Relationship to member _____

Address _____

City _____ Post Code _____

Home phone _____ Mobile _____

Email _____

PARKINSON'S INFORMATION:

Estimated date of diagnosis ___/___/___

Which symptoms are you experiencing? (check all that apply)

- Tremors - if yes, which side is most affected? RIGHT LEFT BOTH
- Postural changes
- Loss of balance in the last year
- Number of falls in the last 3 months _____
- Slowness of movement
- Stiffness and if so where? _____
- Freezing of gait
- Vision impairment
- Difficultly concentrating or staying focused
- Fatigue
- Depression
- Anxiety
- Do you take medication for Parkinson's? If yes, please list:

- Other medications

OTHER HEALTH QUESTIONS

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 to the floor
- Have difficulty rising from a seated position
- Have difficulty rising from the floor

PRE-PARTICIPATION SCREENING QUESTIONNAIRE

History: (check all that apply)

Have you had:

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

Symptoms:

- You experience chest discomfort with exertion
- You have experience chest discomfort at rest
- You experience unreasonable breathlessness
- You experience dizziness, fainting or blackouts
- You experience fatigue at rest

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) for your heart or blood pressure
- You are pregnant
- You have had covid When _____

- You have you been vaccinated ? How many doses ? _____

Media Release

I _____ (member name) allow Breathe Move Relax to publish or broadcast my image/likeness and/or name for promotional purposes associated with Rock Steady Boxing.

Signature _____ Date _____