



Member Information

Welcome to Rock Steady Boxing! We are pleased to welcome you into our program. To begin, please complete the following documents:

1. Member Information Form & Media Release
2. Physician's Medical Release
3. PDQ-39 Questionnaire
4. Personal Waiver and Release of Liability

Date ____/____/____

Name _____ DOB ____/____/____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Business Phone _____ Email _____

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

Emergency contact Information

Name _____

Relationship to applicant _____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Email _____

Parkinson's Information

Date of diagnosis ___/___/___

Symptoms (brief description)

Tremors _____

Postural Instability _____

Vision Impairment _____

Shortness of breath _____

Fatigue _____

Have you lost your balance or fallen in the past year (circle one)? Yes No

Do you take medicine for Parkinson's? If yes, please list:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Health Information

Do you have a heart condition or have you experienced any chest pain in the last 6 months? Yes No If yes, please explain _____

Do you take medicine for depression? Yes No

Have you been diagnosed with diabetes? Yes No

If yes, what type? _____

Do you feel dizzy or unsteady when making sudden changes in movement, such as bending down or turning quickly? Yes No

Do you use a walker or wheelchair, or do you need assistance walking? Yes No

Are you currently active with any physical activities? Yes No

If yes, what type? _____

Do you feel unsteady when you are walking or climbing stairs? Yes No

Do you have difficulty sitting down or rising from a seated or lying position? Yes No

Do you have arthritis or problems with your bones and/or joints? Yes No

If yes, please explain _____

Have you been diagnosed with any other medical problems we should be aware of?

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

Media Release

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

Signature _____