



**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 document:

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:

Estimated date of diagnosis \_\_\_\_/\_\_\_\_/\_\_\_\_

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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
- Slowness of movement
- Vision impairment
- Difficulty concentrating or staying focused
- Fatigue
- Depression
- Do you take medicine for Parkinson's? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

### 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 or rising from a seated or lying position

### AHA/ACSM Health/Fitness Facility Pre-Participation Screening Questionnaire

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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

**(FOR OFFICE USE ONLY)**

**Notes and questions for test administrator**

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

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

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

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

Additional administrator notes: \_\_\_\_\_

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**(Administrator to explain Media Release)**

**Media Release**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_