



Parkinson's
WELLNESS PLACE

Member Information

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

1. Member Information Form
2. 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 PWP(circle)? Referral / Media /Website / Other _____

Emergency Contact Information

Name _____

Relationship to applicant _____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Email _____

Parkinson's Information:

Current Neurologist: _____

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 - CHECK ALL THAT APPLY
 - Standing Still Getting Up Changing Direction Uneven Surfaces
- Slowness of movement
- Freezing or Festinating
- Vision impairment
- Difficulty concentrating or staying focused
- Fatigue
- Difficulty with speech
- Swallowing
- Depression/Anxiety
- 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



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?

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

What do you wish to gain from joining Parkinson's Wellness Place?

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

Additional administrator notes: _____

(Administrator to explain Media Release)

Media Release

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

Signature _____ Date _____



Parkinson's
WELLNESS PLACE

Waiver and Release of Liability

Parkinson's Wellness Place (hereinafter, "PWP"):

1. I understand the nature of Parkinson's Wellness Place's activities, and my physical condition and capabilities, and I believe that I am physically capable of participating in such activities. I further acknowledge that I am aware that the activity may be conducted in facilities open to the public or members of the public and/or employees of another corporate entity or entities, during the activity. I further agree and warrant that any time, if I believe any condition to be unsafe, I reserve the right, without penalty, financial or otherwise, to immediately discontinue further participation in the activity and bring such conditions to the attention of the management of PWP.
2. I FULLY UNDERSTAND that (a) the activities of PWP involve risks and dangers of SERIOUS BODILY INJURY, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by me or by the actions or inactions of others participating in the activity, the conditions under which the activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMES BELOW; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in these activities.
3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS PWP, the facilities where they operate and their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees, I will be responsible for the payment to any or all of the releasees harmed by such assertion of a waived claim, or any expenses arising from my assertion of waived claims or causes of action, including but not limited to reasonable attorney fees and court costs.
4. I certify that I have had no injuries to my hands, whether fractures, broken bones, or otherwise, within the three months preceding the dates of completion of this entry form, and have no injuries to the head, concussion, headaches or fainting spells, and should I experience any of these injuries and/or conditions in the future, I will immediately notify the officials of these events and/or conditions, and immediately cease my participation in said events and activities.
5. I hereby further agree that this agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable, if any one or more provision is found to be unenforceable or invalid, said provision shall not affect the other terms and provision, which shall remain binding and enforceable.

Date _____ / _____ / _____

Printed Name of Applicant

Signature of Applicant

ABC Scale (Activities-Specific Balance Confidence Scale)

Instructions: Please answer each item, all of which are examples of ambulatory activities. Please rate your confidence in being able to perform them between 0% to 100% in increments of 10% (e.g. 10%, 20%, 30%, and so on) on the right column.

How confident are you that you will not lose your balance or become unsteady when you...

...walk around the house?	%
...walk up or down stairs?	%
...bend over and pick up a slipper from the front of a closet floor?	%
...reach for a small can off a shelf at eye level?	%
...stand on tip toes and reach for something above your head?	%
...stand on a chair and reach for something?	%
...sweep the floor?	%
...walk outside the house to a car parked in the driveway?	%
...get into or out of a car?	%
...walk across a parking lot to the mall?	%
...walk up or down a ramp?	%
...walk in a crowded mall where people rapidly walk past you?	%
...are bumped into by people as you walk through the mall?	%
...step onto or off an escalator while you are holding onto a railing	%
...step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing	%
...walk outside on icy sidewalks?	%

Total Score: _____ / 16 = _____ %

PDQ-39 QUESTIONNAIRE

Please complete the following, select one box for each question

Due to having Parkinson's disease, how often during the last month have you....

		Never	Occasionally	Sometimes	Often	Always or cannot do at all
1	Had difficulty doing the leisure activities which you would like to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Had difficulty looking after your home, e.g. DIY, housework, cooking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Had difficulty carrying bags of shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Had problems walking half a mile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Had problems walking 100 yards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Had problems getting around the house as easily as you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Had difficulty getting around in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Needed someone else to accompany you when you went out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Felt frightened or worried about falling over in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Been confined to the house more than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Had difficulty washing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Had difficulty dressing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Had problems doing up your shoe laces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please check that you have ticked **one box for each question** before going on to the next page*

**Due to having Parkinson's disease,
How often during the last month
have you...**

		Never	Occasionally	Sometimes	Often	Always or cannot do at all
14	Had problems writing clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Had difficulty cutting up your food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Had difficulty holding a drink without spilling it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Felt depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Felt isolated and lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Felt weepy or tearful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Felt angry or bitter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Felt anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Felt worried about your future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Felt you had to conceal your Parkinson's from people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Avoided situations which involve eating or drinking in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Felt embarrassed in public due to having Parkinson's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Felt worried by other people's reaction to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Had problems with your close personal relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Lacked support in the ways you need from your spouse or partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If you do not have a spouse or partner, tick here</i>		<input type="checkbox"/>			

Please check that you have ticked *one box* for each question before going on to the next page

**Due to having Parkinson's disease,
How often during the last month
have you...**

	Never	Occasionally	Sometimes	Often	Always or cannot do at all	
29	Lacked support in the ways you need from your family or close friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Unexpectedly fallen asleep during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Had problems with your concentration, e.g. when reading or watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Felt your memory was bad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Had distressing dreams or hallucinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Had difficulty with your speech?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Felt unable to communicate with people properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Felt ignored by people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Had painful muscle cramps or spasms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Had aches and pains in your joints or body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Felt unpleasantly hot or cold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check that you have ticked one box for each

Thank you for completing the PDQ39 questionnaire