



Participant Information

Please complete these forms **before** attending your first Counterpunch Parkinson's class. You can either print this form and bring it with you or complete the forms on your computer and email them to your coach.

Section 1a: Applicant's Details

Full Name: _____ Gender: _____

Address: _____ Date of Birth: _____

_____ Mobile Phone: _____

_____ Home Phone: _____

Email: _____

How did you hear about us? _____

Section 1b: Information About Your Diagnosis

What is your diagnosis? _____

Approximate date of diagnosis? _____

Section 1c: Emergency Contact Details

Name: _____ Relation: _____

Mobile: _____ Home: _____

Section 1c: Exercise Goals

Please tell us what you hope to achieve by taking part in this exercise program:

Section 2a: How affected are you by your condition?

Which side of your body has been most affected? ☐ Left ☐ Right

Do you have a tremor? ☐ Yes ☐ No

Do you have stiffness / spasticity? ☐ Yes ☐ No

Do you feel your movements have slowed? ☐ Yes ☐ No

Do you feel you have difficulty with involuntary movements / dyskinesia? ☐ Yes ☐ No

Do you experience pain? ☐ Yes ☐ No

↳ If yes, where do you feel pain?

↳ If yes, does your pain limit your daily activity? ☐ Yes ☐ No

Do you experience freezing / getting stuck and can't move? ☐ Yes ☐ No

Are you prone to falling? ☐ Yes ☐ No

↳ If yes, how often do you fall?

Do you get dizzy or unsteady with sudden movements? ☐ Yes ☐ No

Do you have difficulty getting down to or up from a laying position? ☐ Yes ☐ No

Do you have significant variation (on / off periods) with your drug cycle? ☐ Yes ☐ No

Do you have difficulties with your speech? ☐ Yes ☐ No

Do you have changes in blood pressure related to having Parkinson's? ☐ Yes ☐ No

Do you experience fatigue? ☐ Yes ☐ No

Have you have cognitive changes (memory, mood, personality) since being diagnosed with Parkinson's? ☐ Yes ☐ No

Do you use a walker, wheelchair, or other assistive device? ☐ Yes ☐ No

Do you have Deep Brain Stimulation (DBS)? ☐ Yes ☐ No

Is there anything else we should know about? Please Explain:

Please list your medications below:

Section 2b: Other Medical History

Do you have heart disease or have you had a stroke? ☐ Yes ☐ No

Do you have a father or brother under 55yrs with a history of heart disease or stroke? ☐ Yes ☐ No

Do you have a mother or sister under 65yrs with a history of heart disease or stroke? ☐ Yes ☐ No

Do you have high blood pressure or are you on blood pressure medication? ☐ Yes ☐ No

Do you have Asthma? ☐ Yes ☐ No

Are you a smoker or have recently quit in the last 6 months? ☐ Yes ☐ No

Are you a diagnosed Type 1 or Type 2 Diabetic? ☐ Yes ☐ No

Do you have epilepsy? ☐ Yes ☐ No

Do you have any other conditions we should know about? Please Specify:

Do you have any injuries or issues with the following?

Neck ☐ Yes ☐ No Specify:

Shoulders ☐ Yes ☐ No Specify:

Hands ☐ Yes ☐ No Specify:

Back ☐ Yes ☐ No Specify:

Hips ☐ Yes ☐ No Specify:

Knees ☐ Yes ☐ No Specify:

Feet ☐ Yes ☐ No Specify:

Section 2c: Exercise History

Do you currently exercise? ☐ Yes ☐ No

↳ If yes, what exercises have you been doing?

↳ If yes, how long have you been doing it?

↳ If yes, how many times a week?

How would you describe your level of fitness?

Section 3a: Media Release Permission

The best way Counterpunch Parkinson's is able to encourage people like yourself to try something new is to show others with pictures and videos of how much our members are enjoying their sessions and benefitting from the program. Would you allow us to show pictures or videos of our exercises sessions which you *might* be in for promotional purposes on our Facebook page or our website? We will NEVER share any of your personal details with anyone.

I allow Counterpunch Parkinson's to use my image/likeness and/or name for promotional purposes associated with Counterpunch Parkinson's.

Name / Signature: _____ Date: _____

Section 3b: Informed Consent

Thank you for taking the time to answer the questions about your condition. Your answers will help your Counterpunch Parkinson's Coach to determine the best approach to help you reach your exercise goals. Please understand that under your coach's discretion, a signed medical release from your doctor may be required prior to participation.

Informed Consent

I acknowledge that the information provided regarding my health and personal information is, to the best of my knowledge, correct. I will inform my Counterpunch Parkinson's Coach immediately if there are any changes to my health status.

I understand that participating in physical activity and exercise can carry a risk, and I accept all responsibility for that risk. I understand that due care will be undertaken by my Counterpunch Parkinson's Coach at all times.

I understand that at any time if I believe any condition to be unsafe that I reserve the right to immediately discontinue further participation in the activity and bring the condition to the attention of my Counterpunch Parkinson's Coach.

Name / Signature: _____ Date: _____