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 documents:

1. Member Information Form
2. PDQ-39 Questionnaire
3. 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:

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
- ☐ Slowness of movement
- ☐ Vision impairment
- ☐ Difficultly 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


History: (check all that apply)

You have had:

- ☐ A heart attack
- ☐ Heart surgery
- ☐ Cardiac catheterization coronary
- ☐ Angiplasty (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 musculosketetal 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 Rock Steady Boxing?**

_____

_____

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

Additional administrator notes: _____

_____

_____

(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 _____

# Physician Medical Release Form

*TO BE COMPLETED BY YOUR PRIMARY CARE PROVIDER*


AFFILIATE

Date: _____/_____/_____

Doctor's Name:_____

Your patient, _____, DOB _____/_____/_____wishes to participate in the Rock Steady Boxing (NON-CONTACT) exercise program. The activity will involve cardiovascular training (jumping rope, running, punching heavy bags), flexibility instruction (stretching, getting up and down on the floor), resistance training and core strengthening techniques. Participants can attend up to five classes per week that are ninety minutes in duration. Participants can reach up to 90 percent of their maximum heart rate.

## PHYSICIAN'S RECOMMENDATION

☐ I am not aware of any restrictions to participate in this exercise program.

☐ I believe the patient can participate but would urge caution (*please explain*): _____

_____

☐ Patient should not engage in the following activities: _____

_____

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers or has no effect on heart rate response during exercise:

Type of medication _____ Effect _____
Type of medication _____ Effect _____
Type of medication _____ Effect _____

## PHYSICIAN COMPLETES

_____ **(patient's name) has my approval to begin the Rock Steady Boxing exercise program with the recommendations or restrictions stated above.**

**Printed name** _____ **Phone** _____

**Signature** _____

RETURN TO
Your Address
Phone
Fax


AFFILIATE

# Waiver and Release of Liability

Rock Steady Boxing, Inc. (hereinafter, "RSB"):

1. I understand the nature of Rock Steady Boxing, Inc.'s activities, and my physical condition and capabilities, and I believe that I am physically capable of participating in such activity. 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 condition to the attention of the management of RSB.
2. **I FULLY UNDERSTAND** that (a) the activities of RSB 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 RSB**, its clubs 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

# PDQ-39 QUESTIONNAIRE

## Please complete the following

*Please tick <u>one</u> box for each question*

| | *Due to having Parkinson's disease, how often <u>during the last month</u> 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? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 | Had difficulty looking after your home, e.g. DIY, housework, cooking? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 | Had difficulty carrying bags of shopping? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 | Had problems walking half a mile? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 | Had problems walking 100 yards? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 | Had problems getting around the house as easily as you would like? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 | Had difficulty getting around in public? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8 | Needed someone else to accompany you when you went out? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9 | Felt frightened or worried about falling over in public? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 | Been confined to the house more than you would like? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11 | Had difficulty washing yourself? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12 | Had difficulty dressing yourself? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13 | Had problems doing up your shoe laces? | ☐ | ☐ | ☐ | ☐ | ☐ |

*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 <u>during the last month</u> have you....* | | *Please tick <u>one</u> box for each question* | | | | |
|---|---|---|---|---|---|---|
| | | Never | Occasionally | Sometimes | Often | Always or cannot do at all |
| 14 | Had problems writing clearly? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15 | Had difficulty cutting up your food? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16 | Had difficulty holding a drink without spilling it? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17 | Felt depressed? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18 | Felt isolated and lonely? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19 | Felt weepy or tearful? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20 | Felt angry or bitter? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 21 | Felt anxious? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22 | Felt worried about your future? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23 | Felt you had to conceal your Parkinson's from people? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24 | Avoided situations which involve eating or drinking in public? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 25 | Felt embarrassed in public due to having Parkinson's disease? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 26 | Felt worried by other people's reaction to you? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 27 | Had problems with your close personal relationships? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 28 | Lacked support in the ways you need from your spouse or partner? | ☐ | ☐ | ☐ | ☐ | ☐ |
| | *If you do not have a spouse or partner tick here* | | ☐ | | | |
| 29 | Lacked support in the ways you need from your family or close friends? | ☐ | ☐ | ☐ | ☐ | ☐ |

*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 <u>during the last month</u> have you....* | | *Please tick <u>one</u> box for each question* | | | | |
|---|---|---|---|---|---|---|
| | | Never | Occasionally | Sometimes | Often | Always |
| 30 | Unexpectedly fallen asleep during the day? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 31 | Had problems with your concentration, e.g. when reading or watching TV? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 32 | Felt your memory was bad? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 33 | Had distressing dreams or hallucinations? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 34 | Had difficulty with your speech? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 35 | Felt unable to communicate with people properly? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 36 | Felt ignored by people? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 37 | Had painful muscle cramps or spasms? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 38 | Had aches and pains in your joints or body? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 39 | Felt unpleasantly hot or cold? | ☐ | ☐ | ☐ | ☐ | ☐ |

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

***Thank you for completing the PDQ 39 questionnaire***