



## 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. RSB Personal Waiver and Release of Liability, Uppercut Gym Waiver

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
- 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



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**