

**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**

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**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**

**Musculoskeletal Issues:**

**Musculoskeletal Issues**

**Neck: (Ask if they have had any surgeries, disk issues, etc)**

**Shoulders: (Ask about RCuff, ROM, Surgeries, Parkinson’s Shoulder symptom etc)**

**Elbows, wrist, hands (ask about tennis elbow, carpal tunnel, arthritis etc)**

**Back: (Ask about stenosis , scoliosis, herniated disk, tightness etc)**

**Hips: (Any replacements, Bursitis etc)**

**Knees: (Any replacements, pain, surgeries like ACL or meniscus)**

**Feet/Ankles/Toes- (any hammer toes, arch issues, Achilles tendonitis, bunions etc)**