



Participant Personal Information

Please complete these forms before attending your first appointment with your Counterpunch Coach. You can either complete and save the forms on your computer and email it to your coach or print it out and bring it with you.

Complete the following:

- ✓ Section 1: Personal Details
- ✓ Section 2: Medical History
- ✓ Section 3: Informed Consent

Section 1a: Personal Details

Full Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Date of Birth:	/ /
		Mobile Phone:	
		Home Phone:	
Email:			
How did you hear about us?			

Section 1b: Information About Diagnosis

What is your diagnosis?	
Approximate date of diagnosis:	

Section 1c: Emergency Contact Details

Name:		Relation:	
Mobile Phone:		Home Phone:	

Section 1d: 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 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 2a: Parkinson's Details

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

Do you have a tremor? Yes No

Do you have stiffness? 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 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 had cognitive changes 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

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 medical conditions/history that we should know about? Yes No

(IF YES) 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 fitness levels?

Section 3: Informed Consent

Thank you for taking the time to answer the questions about your condition. Your answers will help your Counterpunch Parkinson's Coach 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 above 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 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