



Parkinson Disease Exercise Class Intake

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____ Date of Birth: _____/_____/_____

Gender: M ____ F ____ Height: _____ Weight: _____ Year of diagnosis: _____

Primary care physician: _____ Phone: _____

Neurologist: _____ Phone: _____

Other diseases or conditions and major surgeries: _____

Medications (name and timing): _____

Number of falls in the past month: _____ Past 6 months: _____

Hoehn and Yahr Staging of PD: **Please circle or highlight one of the following**

- 0- No visible symptoms of Parkinson Disease
- 1- Symptoms confined to one-side of the body
- 2- Symptoms on both sides of the body- NO difficulty walking
- 3- Symptoms on both sides of the body- minimal difficulty walking
- 4- Symptoms on both sides of the body- moderate difficulty walking
- 5- Symptoms on both sides of the body- unable to walk

Do you use any of the following to walk? Cane _____ Walker _____

Emergency contact: _____ Phone: _____

Circle or highlight those that apply:

- coming to class alone
- coming with a friend/spouse
- driving, will need parking
- being dropped off

If driving to class, do you have a disabled parking sticker/pass? Yes _____ No _____

Goals for Parkinson's exercise class: _____