TOTAL HEALTHWORKS' PARKINSON'S PROGRAM ENROLLMENT FORM

PARTICIPANT DETAILS

*required information

*Registration Date: _____/_____/_____

*First Name:	Nickname/preferred:	*Last Name:

*Date of Birth: _____/_____/_____ MM DD YYYY	*Sex: ☐ Male ☐ Female	Address Street 1: Street 2: City: *State: *ZIP Code:
Home Phone: ( ) -	*Mobile Phone: ( ) -	
Email:		Preferred Contact Method *(select one)*: ☐ Email ☐ Mobile - Call ☐ Home Phone ☐ Mobile - Text

How did you hear about the program?	*What is your highest level of education?	*What is your race? (Check all that apply)
☐ Current/Former Program Participant ☐ Doctor/Other Health Care Professional ☐ Employer ☐ Family/Fried/Word of Mouth ☐ Health Insurance Company ☐ Media/Marketing ☐ Screening Event/Health Fair ☐ Y Staff Member/Volunteer ☐ Other	☐ Less than high school ☐ High school diploma or GED ☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate ☐ Professional degree (MD, JD, DDS, etc.) ☐ Other	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White or Caucasian ☐ A race not listed here ☐ Prefer not to answer
*Are you of Hispanic, Latino(a), or Spanish Origin? ☐ Yes ☐ No ☐ Prefer not to answer	Are you a member of the Y? ☐ Yes ☐ No	Employer Name: _____

YMCA Staff Use ONLY:

Participant Status: ☐ Enrolled ☐ Wait list	Class/Cohort Name:	Class Location:
Instructor: 1. 2.	Below forms are signed and on file: ☐ Medical Clearance Form ☐ Consent and Release from Liability ☐ Authorization for Use and Disclosure of Health Information ☐ Authorization for Release of Information to Health Care Provider	

PHYSICAL ACTIVITY INFORMATION

Do you participate in exercise regularly? ☐ Yes ☐ No

If YES:

Please describe the FREQUENCY of your exercise:
☐ Daily
☐ 2-6 times a week
☐ Once a week
☐ Less than once per week
☐ Monthly

Please describe the INTENSITY of your exercise:
☐ Light
☐ Moderate
☐ Vigorous

Please list the TYPES of exercise you participate in regularly:

Do you have any physical limitations that restrict your daily living activities or ability to exercise? ☐ Yes ☐ No

If yes, please explain:

Are there any other limitations since your Parkinson's Disease diagnosis? ☐ Yes ☐ No

If yes, please explain:

Are you working?

If YES:

What is your level of activity at work:
☐ Sedentary
☐ Light
☐ Moderate
☐ Vigorous

If NO:

Since when: _____(insert date)

Describe your past experience with resistance training and aerobic training:

What expectations do you have from this program?

Do you have any concerns about starting this exercise program?