



Member Information

Welcome to Rock Steady Boxing APEX PT! We are pleased to welcome you into our program. Together, we will FIGHT BACK!

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 - Which side is 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



What symptoms of Parkinson's are you experiencing in your daily life?

Have you been diagnosed with any other medical problems we should be aware of?

What do you wish to gain from joining Rock Steady Boxing?

Media Release

I _____ (member name) allow Rock Steady Boxing to publish or broadcast my image / likeness and / or name for promotional purposes associated with Rock Steady Boxing.

Signature _____ Date _____