Rock Steady Boxing Harrisburg
Member Information Form

Welcome to Rock Steady! Please make sure that the following documents are completed and submitted:

- Member Information Form
- Medical Release Form
- Personal Waiver and Release of Liability

Date: _____/_____/_____

Boxer Information:

Name: _____ DOB: _____/_____/_____

Address: Street: _____

City: _____ Zip Code _____

Phone: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Parkinson's Information:

Estimated date of diagnosis: _____/_____/_____

Symptoms that you are experiencing: (check all that apply)

- ☐ Tremors : ☐ Right ☐ Left ☐ Both
- ☐ Postural Changes
- ☐ Loss of balance in the last year
- ☐ Slowness of movement
- ☐ Vision Impairment
- ☐ Difficulty concentrating or staying focused
- ☐ Fatigue
- ☐ Depression
- ☐ Dizziness with sudden movements
- ☐ Have a Deep Brain Stimulation (DBS)
- ☐ Focused ultrasound

Other health issues and symptoms: (check all that apply) Do you…

- ☐ Experience chest discomfort with exertion

- ☐ Have difficulty getting down or rising from a seated or lying position
- ☐ Experience unreasonable breathlessness
- ☐ Experience dizziness, fainting or blackouts
- ☐ Use a walker, wheelchair or other assistive device
- ☐ Have diabetes
- ☐ Have asthma or other lung diseases
- ☐ Other: _____

Heart Related Questions: (check all that apply)

- ☐ Have you had a heart attack or heart surgery
- ☐ Have you had cardiac catheterization coronary or angioplasty (PTCA)
- ☐ Do you have a pacemaker/ implantable cardiac defibrillator
- ☐ Do you experience rhythm disturbance
- ☐ Have you had heart failure
- ☐ Have you had a heart transplant
- ☐ Do you have congenital heart disease
- ☐ Other heart condition: _____

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? _____

_____

Medications: (Please list all that apply)

Parkinson's medications: _____ _____ _____

_____ _____ _____

Other medications: _____ reason: _____

_____ reason: _____

_____ reason: _____

_____ reason: _____