COMPLETE FRONT + BACK

Pedaling for Parkinson's Evaluation Form

Name _____ Street Address _____

City _____State _____ Zip _____ _____

Date of Birth _____/_____/_____ Age _____ Gender ☐ MALE ☐ FEMALE

Primary Phone _____ Email _____

Pre-participation Screening

Please answer the following questions.

1. Do you exercise 3 or more days a week at a moderate intensity? **YES** **NO**

2. Are you currently diagnosed with any of the following?

- ☐ Cardiovascular disease
- ☐ Renal Disease
- ☐ Metabolic Disease

3. Do you have any signs or symptoms that suggest having the above diseases? **YES** **NO**

Please note: If your health changes so that medical clearance is recommended, you must immediately notify HealthFit in writing of the changes.

By signing below, I am certifying that I have read, understood and completed this questionnaire, and all other information contained in this application. All information is true to my full satisfaction.

_____ _____

PARTICIPANT'S SIGNATURE **DATE**

Source: American College of Sports Medicine: New Recommendations for Exercise Pre-participation Health Screening, Based on a 2014 scientific roundtable convened by ACSM, 2014

Past and/or Present Health Conditions: (Check all that apply)

Cardiovascular	Musculoskeletal	Other
❑ Chest Discomfort	❑ Osteoporosis	❑ Anemia
❑ Coronary Bypass	❑ Osteopenia	❑ Depression
❑ Current Heart Murmur	❑ Shoulder Problems	❑ Diabetes
❑ Skipped or Rapid Heart Beat	❑ Swollen, Sore, Painful Joints	❑ Epilepsy or Seizures
❑ Heart Attack	❑ Hernia	❑ Hearing Impairment
❑ High Blood Pressure	❑ Rheumatoid Arthritis	❑ Vision Impairment/Cataracts
❑ High Cholesterol	❑ Limited ROM on Joints	❑ Previous Heat Stroke
❑ Low Blood Pressure	❑ Parent with hip fracture	❑ Smoking
❑ Peripheral Vascular Disease	❑ Other	❑ Thyroid Problems
❑ Phlebitis or Emboli		❑ Kidney or Liver Disease
❑ Rheumatic Fever		❑ Cancer
❑ Stroke or Brain Injury		❑ Muscular Dystrophy
□ Stent (coronary)	**Pulmonary**	❑ Multiple Sclerosis
Musculoskeletal	❑ Allergies	❑ Alzheimer's Disease
❑ Ankle Swelling	❑ Asthma	❑ Mental Illness
❑ Back Problems	❑ Asthma (exercise induced)	❍ Glucocorticoids
❑ Broken Bones - fracture	❑ Bronchitis	
❑ Fibromyalgia	❑ Chronic Recurring Cough	
❑ Foot Problems	❑ Emphysema	
❑ Joint Replacement	❑ Pneumonia	
❑ Knee Problems	❑ Pulmonary Edema	
❍ Use of assisted mobility devices (walker, cane, wheelchair, or other device)		

Parkinson's History:

Date of Parkinson's diagnosis: _____

Most prominent symptom: _____

Most affected side: **Left** **Right**

Do you have a clinical diagnosis from your neurologist for idiopathic Parkinson's disease? **Yes** **No**

_____

_____

Which of these cardinal signs of Parkinson's disease best describe your symptoms: (Check one)

☐ Akinesia (rigidity)

☐ Bradykinesia (slowness of movement)

☐ Rest Tremor

☐ Gait or Postural Instability

Have you been stable on anti-Parkinson's medication for at least one month? **Yes** **No**

Are you still working, driving a car, doing your own errands? **Yes** **No**

Please list all **medications** you are currently taking, and the reason for the medication:

Medication	Reason		Medication	Reason

Any other medical problems/concerns not already identified? No _____Yes _____ (please list below)

Primary Emergency Contact Name_____ Phone _____Relation _____
Secondary Emergency Contact Name_____Phone_____Relation _____
Neurologist Name_____ Phone _____
Primary Care Physician Name_____ Phone _____

Have you previously taken an indoor cycling class? **Yes No**

Have or do you currently ride a bike? **Yes No**

How often do you exercise? **<1 day/week 1-2 days/week 3-4 days/week ≥5 days/week**

How many days do you plan on coming to Pedaling for Parkinson's? **1 2**

To be completed by HealthFit Staff:

Date: _____ Body Weight: _____ Height: _____

Blood Pressure: _____ Resting Heart Rate: _____ Max Heart Rate: _____

THR:

40% = Seat Height: _____ Seat Fore/Aft: _____

50% = Stage 1: HR_____ RPE_____

60% = Stage 2: HR_____ RPE_____

70% = Stage 3: HR_____ RPE_____

80% = Stage 4: HR_____ RPE_____

Evaluation Max HR: _____ Stage 5: HR_____ RPE_____

Assessment

	Date:	Score:	Date:	Score:	Date:	Score:	Date:	Score:
Age								
Body Weight:								
Height (ft. and in.)								
RHR								
Blood Pressure								
BMI								
6-minute walk test								
Sit to Stand								
8 Foot Up and Go								