



Name: _____

New Member Date: _____

Membership Intake Sheet

MEMBER NAME: _____ Date of Birth: ____/____/____

Home Address: _____ Circle: Male Female

City/State: _____ Zip: _____

Phone number: (Cell) _____ (Home) _____

Email Address: _____

Type of Membership (Circle what applies): Regular Member YOPD

For Parking: Make of vehicle: _____ Model: _____ Color: _____

License plate number _____ Circle: SUV Pick Up Car

Special Tag Info (out of state, handicap, Uni, VA): _____ Handicap ADA Card # _____

A photocopy of your Disabled Identification Card is required. | (\$63/year for additional vehicles may be assessed.)

Emergency Contact: _____

Relationship to Member: _____

Address: _____

Phone Number: _____

Primary Physician: _____ **Neurologist:** _____

Physician's Phone: _____ Neurologist Phone: _____

Next Appointment: _____

Medical Insurance: _____

Member Diagnosed with Parkinson's (onset): _____

Medical History/Precautions:

Do you have a history of any cardiac issues? (CIRCLE): YES **or** NO

Are you on a Beta-blocker medication? (CIRCLE): YES **or** NO

Do you have a Deep Brain Stimulator? (CIRCLE): YES **or** NO

If so when was it Placed? _____ When was it last checked? _____

Parkinson's Medications/times: _____ Are you consistent with timeliness? (CIRCLE): YES **or** NO

Do you notice Parkinson's symptoms mostly on: (CIRCLE) Right **or** Left

Falls: any in the past 3 months? (CIRCLE): YES **or** NO. If yes, estimate the number of falls: _____

If yes, is there a common direction that you fall?

Pain: (Location, constant/intermittent, during specific activities, or certain times of the day?)

Support System: (caregiver, hobbies, interests, regular activities):

Are you on **Facebook?** (CIRCLE): YES **or** NO

Would you like an invite to our Private Facebook Group? (CIRCLE): YES **or** NO

Are you a Veteran? (CIRCLE): YES **or** NO

When/what are the BEST parts of your day:

1. _____

2. _____

When/what are the WORST parts of your day:

1. _____

2. _____

Please share with our team any concerns or questions you may have. Would you like more information on any specific symptoms?

As a non-profit, we rely on volunteers and would like to involve our members! Please check the boxes you are interested in.

- I would be interested in volunteering/helping with events
- I would be interested in volunteering/helping with fundraisers
- I would like to be on a committee to support Club Parkinson's
- I would like to be informed of research opportunities at WSU
- I am interested in being part of a Parkinson's support group (Parkinson's Dx only)
- My caregiver would be interested in a Caregiver support group

*Office/Staff Use | **Summary: (History, Precautions, Recommendations).***