

## Member Intake Sheet

Basic Contact Information		
First Name:	Last Name:	DOB: _____/_____/_____
Type of Membership: <b>General, YOPD, and/or EmpowerFit Membership</b>		Sex: <b>Male or Female</b>
Phone:	Email:	
Address:		
City:	State:	Zip Code:

Vehicle/Parking Information		
Make:	Model:	Color:
License #:	Type: <b>SUV      Pickup      Car</b>	
Special Tag Info (Out of State, Handicap, Uni, VA):		Handicap ADA Card #:
<b>Club Parkinson's Disabled Parking Policy</b> A photocopy of your Disabled Identification Card is <b>required to receive a ePermit.</b> <b>(\$50/year for additional vehicles may be assessed.)</b>		
➤ Are you a current or previous Student or Staff at Wichita State University?		<input type="radio"/> YES <input type="radio"/> NO
If you answered yes: ➤ Do you have an active Parking ePermit with WSU?		<input type="radio"/> YES <input type="radio"/> NO
➤ What is your myWSU ID?		myWSU ID: _____

Emergency Contact		
Name:	Phone:	Relationship:

Medical Providers Information		
Primary Physician:	Phone:	Next Appointment:
Neurologist:	Phone:	Next Appointment:
Medical Insurance:		

Medical History/Information	
When were you diagnosed with Parkinson's? (Onset):	Date:
Medical History/Precautions:	
Pain (Location, constant/intermittent, during specific activities, or certain times of the day):	
➤ Do you have a history of any cardiac issues?	<input type="radio"/> YES <input type="radio"/> NO
➤ Are you on a Beta-blocker (Cardiac) medication?	<input type="radio"/> YES <input type="radio"/> NO
➤ Do you have a Deep Brain Stimulator?	<input type="radio"/> YES <input type="radio"/> NO
If you answered yes: ➤ When was it placed? ➤ When was it last checked?	Date: Date:

Parkinson's Specific Questions	
Parkinson's Medication : Times Taken:	
<input type="radio"/> Are you consistent with timeliness?	<input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/> Do you notice Parkinson's Symptoms mostly on:	<input type="radio"/> RIGHT SIDE <input type="radio"/> LEFT SIDE
<input type="radio"/> What is your Support System? (Caregiver, family, friends)	

Fall Questions	
<input type="radio"/> Have you had any falls in the past 3 months?	<input type="radio"/> YES <input type="radio"/> NO
If you answered yes: <input type="radio"/> Estimate the number of falls:	Estimated Number:

Additional Questions	
<input type="radio"/> Do you have any: hobbies, interests, regular activities?	
<input type="radio"/> When/what are the BEST parts of your day?	
<input type="radio"/> When/what are the WORST parts of your day?	
<input type="radio"/> Are you a Veteran?	<input type="radio"/> YES <input type="radio"/> NO
Please share any concerns or questions you may have.	
<input type="checkbox"/> Would you like more information on any specific symptoms?	
<input type="checkbox"/> How did you hear about Club Parkinson's?	
Club Parkinson's Directory & Photo	
We distribute a quarterly directory containing names, phone numbers, addresses, and individual photos to all members, facilitating communication and fostering familiarity among our community!	
<input type="checkbox"/> Are you okay with Club Parkinson's sharing the following for our <b>Quarterly Member Directory</b> ?	<b>YES or NO</b> (Select what applies)
	<input type="radio"/> Name <input type="radio"/> Phone <input type="radio"/> Address <input type="radio"/> Picture
Club Parkinson's Private Facebook Group	
We've established a private Facebook Group exclusively for Club Members, Volunteers, Staff, and Board of Directors to disseminate information, exchange photos, share stories, and provide updates tailored specifically to our community.	
<input type="checkbox"/> Are you on Facebook?	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/> Would you like an invite to our Private Facebook Group?	<input type="radio"/> YES <input type="radio"/> NO

As a Non-Profit, we rely on volunteers and would like to involve our members! Please check off the ones you are interested in.	
<input type="radio"/> I would be interested in volunteering/helping with events.	
<input type="radio"/> I would be interested in volunteering/helping with fundraisers.	
<input type="radio"/> I would like to be informed of research opportunities at WSU.	
<input type="radio"/> I am interested in being a part of a Parkinson's support group (Parkinson's Dx only).	
<input type="radio"/> My caregiver would be interested in a Caregiver support group.	

Office/Staff Use   <b>Summary: (History, Precautions, Recommendations).</b>
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**For Grant Data Purposes**

**Your income and employer information are requested for data reporting to Club Parkinson's funders, including United Way of the Plains. Your individual information will be kept confidential and only reported in aggregate data summary reports.**

<b>Employment Status</b>			<input type="radio"/> Retired	<input type="radio"/> Employed	<input type="radio"/> Neither
<input type="radio"/> If employed, who is your employer?					
<b>Income (Please select your current income below):</b>					
<input type="radio"/> Under \$10,000		<input type="radio"/> \$35,000 - \$49,000			
<input type="radio"/> \$10,000 - \$14,999		<input type="radio"/> \$50,000 - \$74,999			
<input type="radio"/> \$15,000 - \$ 24,999		<input type="radio"/> \$75,000 +			
<input type="radio"/> \$25,000 - \$34,999					
<b>Race (Select those that apply):</b>					
<input type="radio"/> White		<input type="radio"/> Black or African American		<input type="radio"/> Asian	
<input type="radio"/> Native Hawaiian or Other Pacific Islander		<input type="radio"/> American Indian or Alaska Native		<input type="radio"/> Other: (please specify): _____	
<b>Ethnicity (Select those that apply):</b>					
<input type="radio"/> Hispanic or Latino			<input type="radio"/> Not Hispanic or Latino		
<b>Location Information:</b>					

**Annual Check-In Agreement**

**We'll contact you to schedule your annual check-in, and we ask that you make yourself available or try to be available for this important session. These check-ins are vital for both your well-being and the sustainability of our programs. Your cooperation is greatly appreciated.**

**During your annual check-in, you will participate in:**

- **1:1 Consultation** with our therapists.
- **Baseline Testing:** To assess your progress and well-being since your last evaluation.
- **Information Update:** To ensure we have your current contact information and any other necessary details.
- **Data Collection:** To support our grant applications and funding efforts.

**By signing this document, you agree to participate in an annual check-in with our therapists:**

**Participant Printed Name:**

**Participant Signature:**

\_\_\_\_\_

\_\_\_\_\_

**Date:**

\_\_\_\_\_