

Member Intake Sheet

Basic Contact Information		
First Name:	Last Name:	DOB: _____/_____/_____
Type of Membership: Regular Member or YOPD		Sex: Male or Female
Phone:	Email:	
Address:		
City:	State:	Zip Code:

Vehicle/Parking Information		
Make:	Model:	Color:
License #:	Type: SUV Pickup Car	
Special Tag Info (Out of State, Handicap, Uni, VA):		Handicap ADA Card #:
Club Parkinson's Disabled Parking Policy A photocopy of your Disabled Identification Card is required to receive a ePermit. (\$50/year for additional vehicles may be assessed.)		
➤ 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 Quarterly Member Directory ?	<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 <u>Summary: (History, Precautions, Recommendations).</u>
