

## Caregiver Member Intake Sheet

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

| Vehicle/Parking Information  |   |                      |
|--|---|----------------------|
| Make:  | Model:  | Color:               |
| License #:   | Type:<br><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><br>A photocopy of your Disabled Identification Card is <b>required to receive a ePermit.</b><br>(\$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<br><input type="radio"/> NO |                      |
| If you answered yes:<br>➤ Do you have an active Parking ePermit with WSU?  | <input type="radio"/> YES<br><input type="radio"/> NO |                      |
| ➤ What is your myWSU ID?   | myWSU ID: _____                                       |                      |

| Emergency Contact |        |               |
|-------------------|--------|---------------|
| Name:             | Phone: | Relationship: |

| Medical Providers Information |        |
|-------------------------------|--------|
| Primary Physician:            | Phone: |
| Medical Insurance:            |        |

| Medical History/Information  |   |
|--|---|
| 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<br><input type="radio"/> NO |
| ➤ Are you on a Beta-blocker (Cardiac) medication?  | <input type="radio"/> YES<br><input type="radio"/> NO |

| Additional Questions   |   |
|--|---|
| <input type="radio"/> Do you have any: hobbies, interests, regular activities?   |   |
| <input type="radio"/> How did you hear about Club Parkinson's?   |   |
| <input type="radio"/> Are you a Veteran?   | <input type="radio"/> YES<br><input type="radio"/> NO   |
| 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!  |   |
| ➤ Are you okay with Club Parkinson's sharing the following for our <b>Quarterly Member Directory</b> ?   | <input type="radio"/> Name<br><input type="radio"/> Address<br><input type="radio"/> Phone<br><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. |   |
| ➤ Are you on Facebook?   | <input type="radio"/> YES<br><input type="radio"/> NO   |
| ➤ Would you like an invite to our Private Facebook Group?  | <input type="radio"/> YES<br><input type="radio"/> NO   |

| As a Non-Profit, we rely on volunteers and would like to involve our members!<br>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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