



Name: _____

New Member Date: _____



Caregiver 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: _____

Physician's Phone: _____

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

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

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.)

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