



# PEDALING FOR PARKINSON'S AT THE Y

## Medical Screening and Permission Form

[Note: This is a class-format aerobic exercise program for Parkinson's patients]

Patient Name: \_\_\_\_\_ Male  Female

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Stage of Diagnosis: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Prescreening Questions

<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you taken any heart medications?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you experienced unreasonable breathlessness?
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you ever had a heart attack?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Do you take blood pressure medication?
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you ever had heart surgery?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Are you diabetic or take medicine to control blood sugar?
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you ever had heart failure?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Is your blood cholesterol >240 mg/dl?
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you ever had pacemaker/implantable cardiac defibrillator/rhythm disturbance?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Females: Have you had a hysterectomy or are you postmenopausal?
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you ever had cardiac catheterization?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you experienced dizziness, fainting or blackouts?
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you ever had coronary angioplasty?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Do you smoke?
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you ever had heart valve disease?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Do you have musculoskeletal problems that would prevent you from exercising?
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you ever had congenital heart disease?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Do you have concerns about the safety of exercise?
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you had a close blood relative who had a heart attack before age 55 (father or mother) or 65 (brother or sister)?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Are you physically inactive, exercising fewer than 30 minutes per day/3 days per week?
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Have you ever experienced chest discomfort with exertion?	

### Eligibility Requirements (Answers to A,B,C and D must be YES)

<b>A. Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Provided informed consent after being given a copy of the attached Standards
<b>B. Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Clinical diagnosis of idiopathic PD (the most common form of Parkinsonism in which the cause for the condition is unknown)
<b>C. Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Graded at Hoehn and Yahr stage I, II, or III when off medication
<b>D. Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Written clearance/permission by the physician for the PD patient to participate in the exercise program after the physician has been given a copy of the Standards. Physician clearance must address all concerns identified in the prescreening questions above.

### Patient is ineligible for participation if any of the following apply (Answers to E-G must be NO)

<b>E. Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Clinically significant medical disease that would increase the risk of exercise-related complications (e.g. cardiac or pulmonary disease, hypertension or stroke)
<b>F. Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Dementia as evidenced by a score less than 116 on the Mattis Dementia Rating Scale
<b>G. Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Other medical or musculoskeletal contraindications to exercise

### PLEASE CHECK ONE BOX

- I recommend that the applicant NOT participate in the Pedaling For Parkinson's class fitness program.
- I recommend that the applicant participate in the Pedaling For Parkinson's class fitness program.

<b>Physician Signature</b>	<b>Date</b>
Physician name (print):	Phone:
Email address:	Fax:

Address: