



Punchin' Parko's Exercise Program

Application Form

Title: " Mr " Mrs " Miss/Ms " Dr " Other _____

First Name: _____ Surname: _____

I like to be known as/called: _____
(This name will be on any name badges etc)

Address: _____

Suburb/Town: _____ State: _____ Post Code: _____

Phone: Home: _____ Mobile: _____ Work: _____

Email: _____

Emergency contact:

First Name: _____ Surname: _____

Relationship: _____

Address: _____

Suburb/Town: _____ State: _____ Post Code: _____

Phone: Home: _____ Mobile: _____ Work: _____

Email: _____

PP would appreciate your providing the following information
(You may need your carer, relative or doctor to help you fill this part in!)

About your Parkinson's and general health

When was your Parkinson's diagnosed? ___/___/___

Symptoms Do you suffer from any of these?	Yes [No [Brief Description e.g. Severity, Frequency, Controlled by Medication etc
Tremors			
Postural Instability			
Vision Impairment			
Shortness of Breath			
Fatigue			
Have you lost balance and/or fallen over in the past year?			

Q #	Other health details	Yes [No [Comments
1	Do you have any heart condition?			
2	Experienced any chest pain in the last 6 months?			
3	Do you take any medicine for depression?			
4	Have you ever been diagnosed with Diabetes?			
4a	If "yes", what type?			Type 1 Type 2 Gestational
5	Do you ever feel dizzy when changing suddenly in movement e.g. bending down or turning quickly?			
6	Do you use a walker or wheelchair?			
7	Do you need assistance walking?			
8	Are you currently active with any physical activities?			
9	Do you feel unsteady when walking or climbing stairs?			
10	Do you have difficulty sitting down or rising from a seated or lying position?			
11	Do you have arthritis or any bone and/or joint problem?			
11a	If "yes", please explain!			
12	Have you been diagnosed with any other medical problems of which we should be aware?			
12a	If "yes", please explain!			
13	What do you wish to gain from joining the Punchin' Parko's?			

Media release

I, _____ £ do / £ do not allow "Punchin' Parko's" to publish or broadcast my image/likeness and/or my name for promotional purposes associated with Punchin' Parko's.

Applicant's Signature: _____ **Date:** _____

Please keep this on file for your information

Method of payment for 10 PPEP sessions

Please tick one in each section:

<input type="checkbox"/>	\$200 PNSW Member
<input type="checkbox"/>	\$250 Non-Member
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Cheque
<input type="checkbox"/>	Direct Debit
BSB: 633 000	
Account number: 152801130	
Branch: Bendigo Bank (Lindfield)	
Account Name: Punchin' Parko's	
Reference:	Please put your initial and last name so we can identify your payment

Want to join or find out more about Parkinson's NSW?

web: www.parkinsonsnsw.org.au

email: pnsw@parkinsonsnsw.org.au

phone: 1800 644 189 or (02) 8051 1900

By joining PNSW you will save \$5 (20%) per PPEP session