



Punchin' Parko's Exercise Program

Medical Assessment Form - Carer

Your G.P. or Specialist should complete this form

Dear Doctor,

Your patient has volunteered to act as a Carer for a friend/relative/client who suffers from Parkinson's Disease (PD) and who wishes to participate in the Punchin' Parko's Exercise Program (PPEP). The main duties of a Carer are to assist the Person with Parkinson's (PwP) getting to and from the venue and assisting the PwP where necessary to perform some exercises on a one-on-one basis. The PPEP encourages Carers to join in the program and participate in doing some of the exercises themselves when the PwP does not require any assistance.

It is common practice for anyone wishing to participate in any exercise program to have a health clearance by their doctor. No person may participate without a positive medical assessment.

Research, over many years, has shown the beneficial effects of vigorous, forced exercise regimes on patients suffering from PD, irrespective of age and degree of severity of the disease. People with Parkinson's who undertake such a program dramatically improve their ability to live independent lives. It appears the sooner the PwP is introduced to programs such as PPEP after being diagnosed, the better the result.

An informative pamphlet is enclosed detailing the PPEP. If you would like further information, please contact Punchin' Parkos on 02 9416 2123. If unanswered, please leave a clear message with your contact numbers. Response is usually within 24 hours.

Patient details

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

First Name: _____ Surname: _____

Address: _____

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

Doctor details: (please print or use a stamp)

Doctor's Name: _____

Address: _____

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

Phone: _____ Mobile: _____

Email: _____

GP Neurologist Other (please specify) _____

Disease or conditions that may influence their ability to exercise:

Doctor's recommendations:

I approve of his/her participation in PPEP **without any restrictions.**

Approval is subject to the following **restrictions and/or recommendations:**

1. _____

2. _____

3. _____

Doctor's Signature _____ Date ____/____/____

Please return completed form **to your patient**

or post to: Adrian Unger, Punchin Parkos, 118 Tryon Rd, East Lindfield, NSW 2070.