



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PEDALING FOR PARKINSON'S at

The Community YMCA's Red Bank Family Health & Wellness Center

Medical Screening and Permission Form

(note: this is a class-format aerobic exercise program for Parkinson's Patients)

Please have this form faxed to Dean Seda, Health & Wellness Director, at (732) 842-3396 or return this form to the Red Bank Family Health & Wellness Center at 166 Maple Ave, Red Bank, NJ 07701.

Patient Name: _____ **Male** ___ **Female** ___

Diagnosis: _____

Date of Diagnosis: _____ **Stage of Diagnosis:** _____

PRESCREENING QUESTIONS:

Have you taken any heart medications?	Y	N		
Have you ever had a heart attack?	Y	N		
Have you ever had heart surgery?	Y	N		
Have you ever had heart failure?	Y	N		
Have you ever had a pacemaker/implantable cardiac defibrillator/rhythm disturbance?	Y	N	Y	N
Have you ever had cardiac catheterization?	Y	N		
Have you ever had coronary angioplasty?	Y	N		
Have you ever had congenital heart disease?	Y	N		
Have you ever had a close blood relative who had a heart attack before age 55?			Y	N
Have you experienced unreasonable breathlessness?	Y	N		
Have you ever experienced chest discomfort with exertion?			Y	N
Do you take blood pressure medication?	Y	N		
Are you a diabetic or take medicine to control blood sugar?			Y	N
Is your blood cholesterol >240/mg/dl?	Y	N		
Females: Have you had a hysterectomy or are you postmenopausal?			Y	N
Have you experienced dizziness, fainting or blackouts?	Y	N		
Do you smoke?	Y	N		
Do you have musculoskeletal problems that would prevent you from exercising?			Y	N
Do you have concerns about the safety of exercise?	Y	N		
Are you physically inactive, exercising less than 30 minutes per day/3 days per week?			Y	N

Eligibility Requirements:

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

- A. Provided informed consent Y N
- B. Clinical diagnosis of idiopathic PD (the most common form of Parkinsonism in which the cause of the condition is unknown) Y N
- C. Graded at Hoehn and Yahr stage I, II or III when off medication Y N
- D. 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, which clearance must be address all concerns identified in the prescreening questions above. Y N

Patient is ineligible for participation if any of the following apply:

(Answers to E-G must be no)

- E. Clinically significant medical disease that would increase the risk of exercise-related complications.(e.g. cardiac or pulmonary disease, hypertension or stoke) Y N
- F. Dementia as evidenced by a score less than 116 on the Mattis Dementia Rating Scale Y N
- G. Other medical or musculoskeletal contraindications to exercise Y N

To be completed by physician:

Patient Name: _____

PLEASE CHECK ONE BOX:

I do NOT recommend that the applicant participate in the Pedaling for Parkinson's class fitness program

YES, I recommend that the applicant participate in the Pedaling for Parkinson's class fitness program

Physician Signature Date

Physician Name (print): _____ Phone: _____

Email Address: _____ FAX: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____