

PD Exercise Cocktail Plan™ Evaluation

Name: _____

Care Team: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Email: _____

Caretaker: _____

Caretaker Phone: _____

Tell Me About You:

When were you diagnosed with PD or atypical parkinsonism? _____

Which side of the body is most affected? Left Right Both

Do you have a physical therapist or other therapist? _____

Are you currently exercising? If so, what are you doing?

Do you have exercise options available at home? If so, what?

Do you have exercise options available nearby? If so, what?



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Symptoms that affect you the most that you would like to focus on through exercise.

(Specific exercises target particular symptoms; for example, strength training helps alleviate tremors while treadmill, cycling, and boxing enhance gait, mobility and other symptoms. It's essential to ask individuals with Parkinson's disease which symptoms they wish to address.)

Do you experience fatigue, apathy, depression or anything that keeps you from exercise or performing your day-to-day activities?

Do you take medicine for Parkinson's? If so, which ones?

Do you have orthostatic hypotension?

(Blood pressure drops when you stand up)

Do you ever feel dizzy or light headed when you go from standing after you have been sitting or lying down?

Do you have autonomic or cardiac heart dysfunction?

Autonomic dysfunction

(Automatic heart rate and blood pressure control)

Do you experience:

- Dizziness when standing
- Feeling faint or "washed out"
- Visual dimming
- Heart rate not increasing with exercise
- Sudden fatigue

Cardiac (Heart) dysfunction

(Heart muscle or rhythm problems)

Do you experience:

- Chest pain or pressure
- Shortness of breath
- Irregular or racing heartbeat
- History of heart disease
- Swelling in legs or ankles

Do you use anything to assist you for balance or walking?

Do you have any other medical conditions that require preauthorization from a doctor to participate in a series of exercise workouts, such as boxing, biking, treadmill, strength training, aerobic exercises, and so forth? If so, please list the medical conditions and have your doctor(s) (i.e., physician, neurologist, cardiologist) fill out the provided physician form. If so please list conditions.

Media Release

I _____ (Full name) allow _____ to publish my image/likeness and/or name in media/books/articles from this session.

Signature _____

Date _____