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
- 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 stroke)  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: ______