



Welcome!

We are excited you have decided to join the Empower Parkinson's Family! Below you will find information that will help keep you up to date on all the programs available to you. Utilizing our website will help keep you current.

Our website is - www.empowerparkinson.org

The calendar is located on our website homepage and updated regularly. You can choose to view daily, weekly or monthly schedules. Many of our programs are available by Zoom. If a program is available by Zoom the link will be on the calendar tab located on the left side of the website homepage.

On our website you will also find:

- information on our support groups
- videos from our conference guest speakers
- contact information from businesses who attended our conference
- Information about our staff and volunteers
- how you, your friends and family can help support Empower Parkinson, Inc.
- registration links for events which require reservations

Patrick VanBeveren, Executive Director - (315) 729-7178

Email address - empowerparkinson@gmail.com

CONCEIVE BELIEVE ACHIEVE

"If my mind can conceive it, and my heart can believe it -
then I can achieve it."

-Muhammad Ali



Member Information

Please return this form.

Date: ____/____/____

Name _____ DOB ____/____/____ Male Female

Mailing Address _____

City _____ Zip Code _____

Cell Phone _____ Home Phone _____

Email _____

Emergency Contact Information:

Name _____ Relationship to member _____

Cell Phone _____ Home Phone _____

AHA/ACSM Health/Fitness Facility Pre-Participation Screening Questionnaire

History: (check all that apply)

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization coronary
- Angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator
- Rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Other heart condition (specify)

Symptoms:

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting or blackouts
- You take heart medications

Other health issues:

- You have diabetes
- You have asthma or other lung disease
- You have burning or cramping sensation in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You have concerns about the safety of exercise
- You take prescription medication(s)
- You are pregnant

Media Release - I allow do not allow Empower Parkinson, Inc. to publish or broadcast my image/likeness and/or name for promotional purposes associated with Empower Parkinson, Inc.

Signature _____ Date _____



Statistics

Please return this form.

Gathering this information will help us secure future funding for our programming.

This page will not be connected to your personal information.

It will be filed separately and used to generate statistics that allow us to apply for grants and other funding.

Date: ____/____/____

How did you hear about Empower Parkinson, Inc.

Physician _____ Physical Therapist _____

Event _____ Friend _____

Television Radio News Article Website Facebook Other _____

Male Female

Year diagnosed with Parkinson's disease _____

City _____ Zip Code _____

Please circle your approximate household annual income:

Under \$30,000 \$30,000 - 35,000 \$35,000 - \$49,000 \$50,000 - \$99,000 \$100,000 +

Thank you and welcome aboard!