MEDICAL SCREENING AND PERMISSION FORM
Pedaling for Parkinson's
YMCA OF EASLEY, PICKENS AND POWDERSVILLE

Fax to: 864-307-0217

Your patient would like to begin a wellness program at the YMCA of Easley, Pickens and Powdersville. We would appreciate your medical opinion and recommendations concerning his/her participation. The participant will have a variety of offerings that include PWR! Moves foundation building, pedaling and/or personal training. Our program includes a combination of cardio, strength training and stretching. Our facilities have strength equipment, cardio equipment such as elliptical, recumbent and upright bicycle as well as group wellness classes such as restorative yoga. Our PWR! And Pedaling for Parkinson's classes are led by certified instructors.

PATIENT NAME	GENDER ☐ MALE ☐ FEMALE
DIAGNOSIS	
DATE OF DIAGNOSIS	STAGE OF DIAGNOSIS

PRESCREENING QUESTIONS

Question	YES	NO
Have you taken any heart medications?	☐ YES	☐ NO
Have you ever had a heart attack?	☐ YES	☐ NO
Have you ever had heart surgery?	☐ YES	☐ NO
Have you ever had heart failure?	☐ YES	☐ NO
Have you ever had pacemaker/implantable cardiac defibrillator/rhythm disturbance?	☐ YES	☐ NO
Have you ever had cardiac catherization?	☐ YES	☐ NO
Have you ever had a coronary angioplasty?	☐ YES	☐ NO
Have you ever had heart valve disease?	☐ YES	☐ NO
Have you ever had congenital heart disease?	☐ YES	☐ NO
Have you ever had a close blood relative who had a heart attack before age 55 (father or mother) or 65 (brother or sister) ?	☐ YES	☐ NO
Have you ever experienced chest discomfort with exertion?	☐ YES	☐ NO
Do you take any blood pressure medications?	☐ YES	☐ NO
Have you ever experienced unreasonable breathlessness?	☐ YES	☐ NO
Are you diabetic or take medicine to control blood sugar?	☐ YES	☐ NO
Is your blood cholesterol >240 mg/dl?	☐ YES	☐ NO
Females only: Have you had a hysterectomy or are you postmenopausal?	☐ YES	☐ NO
Have you experienced dizziness, fainting or blackouts?	☐ YES	☐ NO
Do you smoke?	☐ YES	☐ NO
Do you have musculoskeletal problems that would prevent you from exercising?	☐ YES	☐ NO
Do you have concerns about the safety of exercise?	☐ YES	☐ NO
Are you physically inactive, exercising fewer than 30 minutes per day/3 days per week?	☐ YES	☐ NO

ELIGIBILITY REQUIREMENTS (ANSWERS MUST BE YES)

Requirement	YES	NO
Provided informed consent after being given a copy of the attached standards	☐ YES	☐ NO
Clinical diagnosis of idiopathic PD (the most common form of Parkinsonism in which the cause of the conditions is unknown)	☐ YES	☐ NO
Graded at Hoehn and Yahr stage I, II, or III when off medication	☐ YES	☐ NO
Written clearance/permission by the physician of the PD patient to participate in the exercise program, after the physician has been given a copy of the standards. Physician clearance must address all concerns identified in the prescreening questions above.	☐ YES	☐ NO

PATIENT IS INELIGIBLE FOR PARTICIPATION IF ANY OF THE FOLLOWING APPLY (ANSWERS MUST BE NO)

Condition	YES	NO
Clinically significant medical disease that would increase the risk of exercise-related complications (e.g. cardiac or pulmonary disease, hypertension or stroke)	☐ YES	☐ NO
Dementia as evidenced by a score less than 116 on the Mattis Dementia Rating Scale	☐ YES	☐ NO
Other medical or musculoskeletal contraindications to exercise	☐ YES	☐ NO

APPROVAL/DISAPPROVAL

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

PHYSICIAN SIGNATURE	DATE
PHYSICIAN NAME (PRINT)	PHYSICIAN PHONE
PHYSICIAN EMAIL ADDRESS	PHYSICIAN FAX
PHYSICIAN ADDRESS	

YMCA ADMIN ONLY

Intake Wellness Coach:	Date of Intake: