

Screening Tool for PD specific training facility

Name _____

DOB _____

Address _____

Phone # and email address _____

Parkinson's Disease Doctor _____

Year of Parkinson's Diagnosis _____

Have you seen a PT for your Parkinson's Disease? Y/N When? _____

Over the last <u>several months</u>, related to your Parkinson's Disease;	YES	NO
Are you noticing any change in your walking (speed/quality)?		
Are you having any freezing episodes?		
Have you had any falls?		
Are you noticing any worsening of your balance?		
Are you noticing your handwriting is smaller?		
Are you having trouble with buttons and zippers/taking longer to dress?		
Are you noticing any coughing while eating or drinking?		
Is your voice softer?		

Initial MEDICAL screening

ISSUE	YES	NO	Don't know	Additional info
Osteopenia/osteoporosis				
Neck pain/problems				
Recent Back problems				

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Joint pain (knee, hip, shoulder etc) also provide details about diagnosis or surgeries				
High BP				