

Application Form

PEP Retreat
October 28-28, 2017
Oriental, NC

Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____

Email: _____

T-shirt size: _____

How did you hear about the PEP Retreat? (circle): Doctor Therapist Brochure Website Other

Emergency Contact Information:

Name: _____ Relationship to applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____

Email: _____

Parkinson's Information

Estimated date of diagnosis: _____

Which symptoms are you experiencing? (check all that apply)

- Tremors – if yes, which side is most affected? (circle) Right Left Both
- Postural changes
- Loss of balance (If so, how many times have you fallen in the past year? _____)
- Slowness of movement
- Vision Impairment
- Difficulty concentrating or staying focused
- Fatigue
- Depression

Do you take medication(s) **for your Parkinson's**? If yes, please list your Parkinson's meds:

Application Form

PEP Retreat

Other Health Questions:

Do you: (check all that apply)

- Use a walker, wheelchair or other assistive device?
- Have a Deep Brain Stimulator (DBS)?
- Feel dizzy or unsteady with sudden movements such as rolling over and/or getting up or down from a seated or lying positions?
- Have difficulty with breathing (get very short of breath with exertion)?
- Have chest pains with exercise or exertion?
- Have episodes of fainting or blacking out?

Do you have: (check all that apply)

- Any heart conditions? Please circle if you have, or have had, any of the following:
A heart attack Heart Surgery A Pacemaker A Rhythm Disturbance (afib)
- Diabetes
- Asthma or other lung disease
- Burning or cramping sensation in your lower legs when walking
- Musculoskeletal (orthopedic) problems that limit your physical activity
- Concerns about the safety of exercise

Are you taking prescription medication(s) for medical conditions other than your Parkinson's.

If so, please list:

What is your current level of activity? Are you involved in any regular exercise program?

Do you have any dietary restrictions and/or food allergies? If so, please specify:

Application Form

PEP Retreat

Will you be coming from out of town and needing a local place to stay? YES NO

If yes, are you interested in a list of accommodations within the town of Oriental? YES NO

Will you be accompanied by a friend, family member, or caregiver?

Every retreat participant is welcome to have one person attend with them for no additional cost (except for the dinner). This accompanying person, however, will have to sign and submit a separate Personal Waiver and Release of Liability Form prior to participating in any of the activity or exercise sessions. We will also need to be informed if they have any medical conditions and/or food allergies.

-

What do you wish to gain from attending the PEP Retreat?

Do you have any additional questions or concerns about the event?

Signature: _____ **Date:** _____

This NOT-FOR-PROFIT program is being funded by a grant from the National Parkinson's Foundation through funds raised by Moving Day NC Triangle.