



Participant Profile

Today's Date _____

Name _____ Birthdate _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Care Partner Contact Information:

Name _____ Relationship _____

Phone _____ Birthdate _____

Email _____

Emergency Contact Information:

Same as Care Partner above? Yes No (If no, provide information below.)

Name _____ Relationship _____

Phone _____ Email _____

Please note any physical concerns or medical restrictions your instructor should be aware of (frequent falls, lightheadedness, heart condition, diabetes, peripheral neuropathy, etc):

Prior exercise/dance experience _____

Occupation _____ Hobbies _____

How long have you had PD? _____

How did you hear about us?

Internet TV/News Newspaper CAPS

Doctor (Name: _____) PT/OT (Practice Name: _____)

Other? Please list: _____