



Parkinson Partners of NW PA, Inc.
PO Box 10547
Erie, PA 16514
814-899-3030
Fax: 814-616-7766
Email: info@ParkinsonPartners.org



Parkinson Partners of NW PA Purposeful Movement and Wellness Program Application, Waiver and Medical Release Form

Participant Application:

Name: _____ DOB: _____

Address: _____ City: _____ Zip code: _____

Home Telephone: _____ Work/Cell Phone: _____

Email: _____

Emergency Contact Name: _____ Phone #: _____

Where did you hear about this program? _____

What activities are challenging to you? (Please check all that apply.) Please list any other issues you think we should know (hearing or vision issues, injuries, health concerns, etc.)

Standing___ Walking___ Speaking___ Dressing___ Other_____

Please explain. _____

“It is important that you understand the inherent risk of exposure to COVID-19 exists in any public place where people are present. According to the Centers for Disease Control and Prevention, senior citizens and those with underlying medical conditions are especially vulnerable. All attendees of Parkinson Partners of NW PA’s in-person events and classes must agree to adhere to our guidelines and the guidelines of our community partners and voluntarily assume all risks related to exposure to COVID-19. We also encourage you to stay home if you are feeling unwell or if you have been exposed to Covid-19, the flu or any other virus.”

\$80 Class Fee enclosed: ___yes ___no *Make checks payable to: Parkinson Partners of NW PA*

Participant Waiver Enclosed: ___ yes___ no

Neurologist Release Enclosed: ___yes ___ no

Neurologist’s name/phone number: _____



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PD Purposeful Movement and Wellness Program Neurologist Medical Release Form

Patient's Name: _____ DOB: _____
 Address: _____ City: _____ Zip code: _____
 Home Telephone: _____ Work/Cell Phone: _____

Dear Doctor:

Your patient _____ wishes to attend a 6-week in-person wellness program specialized for people with Parkinson's disease. The program will include sub-maximal physical exercises and education designed to improve independence with gait, functional mobility, and daily living skills. Program activities are provided by faculty and students from Occupational and Physical Therapy programs at Gannon University. This program is supported by a community grant from the Parkinson's Foundation.

Neurologist's Recommendations

Note: Appropriate participants must be able to follow one step commands and ambulate with or without an assistive device.

Participant has been diagnosed with: Idiopathic PD Atypical PD

Participant is alert, oriented, and can follow directions. Yes___ No___

Participant is ambulatory with or without an assistive device. Yes___ No___

Participant can engage in all program activities. Yes___ No___

Participant is approved for the PD wellness program. Yes___ No___

Precautions _____

Neurologist's signature	Date	
Neurologist's name (print)	Phone	Fax
Address	City	State & Zip

Email to info@parkinsonpartners.org or Fax (HIPAA Compliant): (814) 616-7766

Questions--Please Call: Lynne Gotham, Executive Director of Parkinson Partners of NW PA
 Phone: 814-899-3030