

# NEW ORLEANS JCC — ROCK STEADY BOXING

## Member Intake Form

### SECTION 1 — CONTACT INFORMATION

<b>First Name</b>		<b>Last Name</b>	
<b>Date of Birth</b>		<b>Age</b>	
<b>Phone (Primary)</b>		<b>Phone (Secondary)</b>	
<b>Email Address</b>			<b>Preferred Contact Method</b>
<b>Home Address</b>			
<b>City</b>		<b>State</b>	

### SECTION 2 — EMERGENCY CONTACT

<b>Emergency Contact Name</b>		<b>Relationship</b>	
<b>Emergency Contact Phone</b>		<b>Alt. Phone</b>	

### SECTION 3 — PROGRAM HISTORY

<b>Are you a current JCC member?</b>	Yes / No	<b>Member ID (if applicable)</b>	
<b>Have you previously participated in Rock Steady Boxing?</b>	Yes / No		
<b>If yes — where and when?</b>			
<b>Have you participated in any other Parkinson's boxing or exercise program?</b>	Yes / No		
<b>If yes — program name / location</b>			
<b>Current exercise activity level</b>	Sedentary / Light / Moderate / Active		

**SECTION 4 — PARKINSON'S DISEASE INFORMATION**

<b>Year of PD Diagnosis</b>		<b>Neurologist / Physician Name</b>	
<b>Physician Phone / Practice</b>		<b>Physician Has Cleared for Exercise?</b>	Yes / No / Pending
<b>Primary PD-related concerns or challenges</b>	e.g., balance, tremor, freezing, speech, fatigue		
<b>Currently taking Parkinson's medication?</b>	Yes / No	<b>Medication timing notes</b>	e.g., best exercise window post-dose

**SECTION 5 — SCHEDULING PREFERENCES**

<b>Preferred Intake Appointment Day(s)</b>	Mon / Tue / Wed / Thu / Fri / Sat		
<b>Preferred Intake Appointment Time</b>	Morning (8–11am) / Midday (11am–1pm) / Afternoon (1–4pm)		
<b>Preferred Class Time</b>	Morning / Midday / Afternoon / Evening		

**SECTION 6 — REFERRAL & GOALS**

<b>How did you hear about this program?</b>	Physician / JCC / Friend/Family / Social Media / Other		
<b>Referred by (name, if applicable)</b>			
<b>Primary goal(s) for joining RSB</b>			

**SECTION 7 — STAFF USE ONLY**

<b>Intake Date</b>		<b>Intake Conducted By</b>	
<b>Intake Appointment Confirmed?</b>	Yes / No	<b>Scheduled Intake Date/Time</b>	
<b>Class Level Assigned</b>	1 / 2 / 3 / 4	<b>First Class Date</b>	
<b>Waiver Signed?</b>	Yes / No	<b>Photo Release Signed?</b>	Yes / No
<b>Staff Notes</b>			