

**Parkinson's Care and Support UK-**  
**Application for Home Based Neurological**  
**Physiotherapy (Stage 1).**



**\*\* CONFIDENTIAL \*\***

Name	
Address	
Post Code	
Contact Number	
Email	
D.O.B	
When were you diagnosed with Parkinson's Disease?	
Next of Kin	
Address of Next of Kin	
Contact No for Next of Kin	

**Please answer the following questions to help us assess your physiotherapy needs**

**Have you ever been referred to a physiotherapist? Y/ N If yes, please give details of your referral (when, by who, how long was therapy received, what was the outcome of therapy):**

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**Do you currently receive any physiotherapy in relation to your Parkinson's, Y/ N? If YES, please give details of the frequency and who provides this:**

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**Have you ever been assessed by an Occupational Therapist? Y/ N If yes, please provide details (when, by who, how long was therapy received, what was the outcome of therapy):**

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**Are you able to carry out any of the following activities?**

Walking without any aids Y/ N

Walking with aids such as a frame or stick Y/ N

Cooking Y/ N

Eating unaided Y/ N

Using the toilet unaided Y/ N

Washing unaided Y/ N

Getting dressed unaided Y/ N

Leave the house unattended Y/ N

Get in and out of bed unaided Y/ N

Reaching cupboards or shelves at height Y/ N

Writing legibly Y/ N

Gripping/ holding objects Y/ N

**If you have answered NO to any of the above questions, please provide further details below:**

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**Has your mobility changed within the past 12 months Y/ N if so, please state how:**

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**How do you believe you can benefit from Neurological Physiotherapy?**

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Which of the below symptoms of Parkinson's do you currently suffer from? Please indicate how often e.g every day/ once a week and the severity from 1 (mild) -10 (severe).

Symptom	How Often	Severity 1-10	Any further info including current treatments/ medications being used
Tremor one hand/ arm			
Tremor both hands/ arms			
Rigidity			
Pain in lower body			
Pain in upper body			
Bradykinesia (slowness of movement)			
Dragging a foot while walking			
Freezing or Immobility			
Shuffling walk			
Balance problems/ falls			
Fine Motor Skills Problems e.g problems with writing, gripping objects,			
Weakness- loss of muscle strength			
Anxiety			

END OF APPLICATION- PLEASE RETURN VIA EMAIL: [physio@parkinsonscare.org.uk](mailto:physio@parkinsonscare.org.uk)

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_