

Date: _____

SPEAK OUT LA! - Client Information

Name: _____ Sex: ____ M ____ F

Date of Birth: _____
MM/DD/YYYY

Home Address: _____
Number/Street City Zip Code

Cell Phone Number: (____) ____ - ____ Home Phone Number: (____) ____ - ____

Email Address: _____

Primary Contact Person (if not the client)

Name: _____

Relationship to Client: _____

Phone Number: (____) ____ - ____

Email Address: _____

Questionnaire

1. When were you diagnosed with Parkinson's Disease? _____

2. Have you completed SPEAK OUT! training? ____ Yes ____ No

- a. When? _____
- b. Where? (name of hospitality/clinic) _____
- c. Name of Clinician: _____
- d. Clinician contact information: _____

3. Would you prefer to attend LOUD Crowd sessions offered in English or Spanish?
____ English ____ Spanish

FOR CLINIC USE ONLY

Month/Year S.O. completed _____

Sessions _____

Follow-up requested (Yes/No) _____

LOUD Crowd is offered on Tuesday or Thursday afternoons from 3:00-4:00 p.m.