



Volunteer Information Sign Up

Please complete this form if you are interested in participating in our research. We are looking for people without any neurological problems to participate as healthy controls, as well as people with Parkinson’s disease.

Full Name _____

Address _____

Contact number(s) _____

Email _____

Date of birth _____

Gender _____ Handedness (circle) _____ L _____ R _____

Ethnicity _____

Highest Education level obtained: _____

Do you have a diagnosis of Parkinson’s disease (circle)? Y N

Medical History

Have you ever had a diagnosis of any of the following (select all that apply)?

- Multiple-system atrophy (MSA), Progressive supranuclear palsy (PSP), Corticobasal syndrome (CBS), Vascular parkinsonism or Medication-induced parkinsonism (generally through the use of antipsychotic medications)
- Any form of dementia (Alzheimer’s disease, frontotemporal dementia, vascular dementia)
- Any other chronic central nervous system disorder (e.g. multiple sclerosis, epilepsy, ataxia (reduced muscle control), essential tremor)
- Stroke
- A major psychiatric disorder (e.g. bipolar disorder, schizophrenia, alcohol or drug addiction disorder)
- Major depressive episode in the past 6 months
- History of moderate to severe brain injury
- Prior neurosurgery, excluding Parkinson’s-related DBS
- None of the above

Consent to be contacted

- I would like to be added to NZBRI mailing lists to receive newsletters and further information about our research

Date: _____ Signature: _____