

I have Parkinson's



Please be patient and allow me time. I may:

- be slow, unsteady or unable to move
- have a tremor or uncontrolled movement
- have difficulty talking or writing
- take longer than expected

Stressful situations can worsen my symptoms

My name is:



With my consent or in an emergency, please call:

Name: _____

Phone: _____

Relationship: _____