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Name: _____ Date: _____

Congratulations on taking your first steps towards wellness! You are making the ultimate investment: your health.

Date of Birth: _____

Address: _____
Street address City State Zip

Phone: Home (_____) _____ Work (_____) _____ Cell (_____) _____

Email _____ _____

Preferred Contact: ☐Home ☐Work ☐Cell ☐Email ☐No reminder call

Primary Healthcare Provider Name _____ Phone _____

Emergency Contact: Name _____ Relationship _____

Phone (_____) _____ Home/Work/Cell (circle one)

Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun, healthy, and safe for most people. The following questions are designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Read each question carefully and check either YES or NO opposite the question as it applies to you. Following the health history questions, there are several questions related to your interests and goals for participating in an exercise/physical activity program. All information is kept in the strictest confidentiality.

YES NO

☐ ☐ 1. Has your doctor ever said you have heart trouble?
☐ ☐ 2. Do you experience pain in your chest when you are physically active?
☐ ☐ 3. In the past month, have you experienced chest pain when not performing physical activity?
☐ ☐ 4. Do you lose balance because of dizziness or do you ever lose consciousness?
☐ ☐ 5. Do you have a bone or joint problem (such as back, knee, or hip) that could be made worse by a change in your level of physical activity?
☐ ☐ 6. Is your doctor currently prescribing drugs for your heart condition or blood pressure?
☐ ☐ 7. Do you know any other reason why you should not participate in a program of physical activity?

If you answered YES to any of the above questions, it is recommended that you consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or having a fitness test.

(Form is continued on back.)

General Health History

YES NO

☐ ☐ 1. Have you ever experienced a stroke?

☐ ☐ 2. Do you have diabetes? If yes, are you currently taking any medications or receiving other treatment related to the diabetes?

_____

☐ ☐ 3. Do you have asthma or another respiratory condition that causes difficulty with breathing? If yes, please describe. _____

☐ ☐ 4. Do you have any orthopedic conditions that would restrict you in performing physical activity? If yes, please describe. _____

☐ ☐ 5. Have you ever been told by a physician that you have one of the following? (check applicable boxes)

☐ High blood pressure ☐ Elevated blood lipids, including cholesterol

☐ ☐ 6. Do you currently smoke?

☐ ☐ 7. Have you experienced within the past 6 months back pain or discomfort that prevented you from carrying out normal daily activities?

☐ ☐ 8. Are you pregnant?

☐ ☐ 9. Are you currently taking any medications that might impact your ability to safely perform physical activity?

☐ ☐ 10. Has a close male relative at age 55 years or younger had a heart attack, stroke or died suddenly?

☐ ☐ 11. Has a close female relative at age 65 years or younger had a heart attack, stroke or died suddenly?

List all medications you are currently taking: _____

_____

Fitness Information

1. Do you regularly participate in an exercise program? If yes, please describe your activities.

_____

2. Have you ever worked with a personal trainer before? _____

3. Do you follow or have you recently followed any specific dietary intake plan and, and in general, how do you feel about your nutritional habits?_____

4. List three specific fitness goals: (For example, increase energy, manage weight, reduce blood pressure, improve self confidence, etc.)

_____

_____

_____

5. List any barriers to achieving these goals: (For example, time constraints, poor dietary habits, etc.)

_____

_____

_____

6. Which of these activities do you enjoy? Check all that apply.

☐ Walking
☐ Bicycling
☐ Jogging
☐ Dancing
☐ Swimming
☐ Weight Training
☐ Skating
☐ Aerobics class
☐ Gardening
☐ Sports (please list)_____
☐ Other (please list)_____