## VISIONS OF FITNESS

## Physical Activity Readiness Questionnaire PAR-Q

Client's information:			
Last Name:		First Name:	
Date of B	Birth:Age Home Phone ()	Cell ()	
Email address:			
Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:			
	Has your physician ever advised that you have do physical activity recommend by a physicia	•	
2.	2. Has your physician ever advised you that you have high blood pressure. Yes No		
3.	Do you feel pain in your chest when participating in physical activity? Yes No		
	In the past month, have you experienced chest pains when you were not participating in any physical activity? Yes No		
5.	Do you ever lose consciousness or do you lose your balance because of dizziness? Yes No		
	Do you have a joint or bone problem that may be made worse by a change in your physical activity? Yes No		
	Skip this question if you answered No to questions #1 & 2. Is a physician currently prescribing you medications for your heart condition or blood pressure? Yes No		
8.	Do you insulin dependent diabetes? Yes	No	
9.	Are you 69 years of age or older? Yes	No	
10.	Do you know of any other reasons you should activity? Yes	not exercise or increase your physical No	
If you answered YES to any of the above questions, it is recommended that you consult with your physician BEFORE you become more physically active.			
Client's signature:		Date:	

All information will be kept confidential. This information will be used to evaluate your heath status and readiness to begin your exercise program. Within the legal limits of the law, this information will not be released to any other entities unless authorized by you in writing.