

## Physical Activity Readiness Questionnaire (PAR-Q)

**Client's Name:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Contact No:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_ **Contact No:** \_\_\_\_\_

If you are planning to take part in any physical activity or an exercise class, start by answering the questions below. If you are between the ages of 15 & 69 the questionnaire will tell you if you should check with your doctor before you start. If you are 69 years of age, and you are not used to being very active, check with your doctor.  
All information will be treated confidentially.

***\*please circle the correct answers below***

Has your doctor ever said you have an heart condition & that you should only do physical activity recommended by a doctor?

**YES / NO**

Do you ever feel pain in your chest when you do physical activity?

**YES / NO**

Have you ever had chest pain when you are not doing physical activity?

**YES / NO**

Do you ever feel faint or have spells of dizziness?

**YES / NO**

Do you have a joint problem that could be made worse by exercise?

**YES / NO**

Have you ever been told that you have high blood pressure?

**YES / NO**

Are you aware of any medication of which the instructor should be aware of?

**YES / NO**

If **YES**, what?

\_\_\_\_\_

Are you pregnant or have you had a baby in the last 6 months?

**YES / NO**

Is there any other reason why you should not participate in physical activity?

**YES / NO**

If **yes**, what?

\_\_\_\_\_

If you have answered **YES** to one or more of the questions above;

Talk to your doctor by phone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your doctor about the questionnaire and which questions you answered YES to. You may be able to take part in any activity you want as long as you begin slowly and build up gradually or you may need to restrict your activities to ones which are safer you. Talk with your doctor about the kind of activity you wish to participate in and follow their advice.

If you have answered **NO** to all questions;

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme. Remember, begin slowly and build up gradually.

Clients Name \_\_\_\_\_ Date \_\_\_\_\_

Instructors Name \_\_\_\_\_ Date \_\_\_\_\_

## Informed Consent Form

The purpose of an exercise programme is to help you achieve health and fitness goals.

You will be set a programme based upon your present activity/exercise levels and your stated goals. You will experience some feelings of exertion during each activity session and may become hot and uncomfortable at times. If your plan includes certain types of cardiovascular exercise you can expect your breathing to become more rapid and your heart rate to increase. As your fitness improves, your goals may lead you to participate in more vigorous levels of activity but these should remain within your capabilities .

All activities will be explained and demonstrated to you but you should feel free to ask any questions you may have. Any exercise programme carries with it an element of risk. The sessions are designed to minimise risk yet, at the same time, provide an effective exercise/activity programme. Please inform the instructor if there is any reason why you should not participate in an activity. i.e. if you have an illness or an injury which might be aggravated by exercise.

If, at any time, you feel undue pain or excessive discomfort stop the activity immediately and inform the instructor of your symptoms. You are free to withdraw from any activity at any time you wish.

***I agree to take part in the programme described to me by my instructor. The nature, purpose, risks and benefits have been explained to me and I understand what is required of me and that I may withdraw at any time.***

Clients Name \_\_\_\_\_ Date \_\_\_\_\_

Clients Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructors Name \_\_\_\_\_ Date \_\_\_\_\_

Instructors Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you consent to being photographed or video'd for the purposes of my social media, website and other advertising?

Yes / No (please delete) Signature \_\_\_\_\_ Date \_\_\_\_\_

### Notes or further information