



Physical Activity Readiness Questionnaire (PAR-Q)

First & Last Name: _____

Best Phone Number (____) _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: (____) _____ Birth Date: ____/____/____

EMAIL: _____ Gender: M / F Age: _____ Height: _____ Weight: _____

Is it OK to reach you through: **E-mail** Yes No **Text** Yes No Cellular Provider _____

Date: _____ I was referred by (Please Be Specific) _____

Health History

Please read each question carefully. Initial in the space provided indicating that you understand what is recommended. Physical activity should not be hazardous for most people. The questions are designed to identify those who should consult a physician prior to beginning a program of physical exercise.

- 1. Has a doctor ever said you have a heart condition and recommended medically supervised physical activity? Yes No
- 2. Do you have chest pain brought on by physical activity? Yes No
- 3. Do you tend to lose consciousness, feel faint or have spells of dizziness? Yes No
- 4. Has your doctor recommended medication for blood pressure? Yes No
- 5. Do you have a bone or joint problem (such as arthritis) that could be aggravated by physical activity? Yes No

Explain: _____

- 6. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your exercising without medical supervision? Yes No

Explain: _____

- 7. Are you over the age of 65 and not accustomed to vigorous exercise? Yes No

If you answered YES to one or more of the questions above, please answer and initial the following questions:

Have you consulted your physician regarding increasing your physical activity and or performing a fitness assessment?

Yes No **Initial** _____

If NO, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?

Yes No **Initial** _____

Please check all conditions that apply:

- | | | | |
|---------------------------|----------------------------|--|--------------------------|
| ~ Heart Disease or Stroke | ~ Prostate Disease | ~ Gallbladder Disease | ~ Monitored by Physician |
| ~ High Blood Pressure | ~ Depression | ~ Low-back pain in last 6 months | ~ Recommended High- |
| ~ High Triglycerides | ~ Diabetes Mellitus | ~ Psychological Problems | Level Care |
| ~ Cancer | ~ Obesity | ~ Anorexia | ~ Special Diet |
| ~ Lung/Pulmonary Disease | ~ Arthritis | ~ Bulimia | ~ Arteriosclerosis |
| ~ Kidney Disease | ~ Anemia | ~ Compulsive Overeating | ~ Ulcer |
| ~ Osteoporosis | ~ Food Allergies | ~ Pregnant/Lactating/ Trying to conceive | |
| ~ Neuromuscular Disease | ~ Gastrointestinal Disease | ~ Other Medical Condition: | |

Please list and describe any medications you are currently taking below:

RELEASE AND WAIVE OF LIABILITY

MEMBERS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF FIT SYSTEMS

Member acknowledges that the personal training/fitness assessment hereunder includes participation in strenuous physical activities, including but not limited to, aerobic movement, weight training, stationary bicycling, various aerobic conditioning machines and various nutritional programs offered by Studio Fitness & Wellness LLC. Member agrees to assume all risk and responsibility involved with participation in the physical activities. Member affirms that he/she is in good physical condition and does not suffer from any disability that would prevent or limit participation in physical activities. Member acknowledges that participation will be physically and mentally challenging, and member agrees that it is the responsibility of the member to seek competent medical or other professional advice, regarding any concerns involved with the ability of member to take part in Studio Fitness & Wellness LLC physical activities. Member agrees to assume all risks in responsibility for not exceeding his/her physical limits.

MEMBER SIGNATURE _____

Date _____

For Staff Use Only

Goals: _____

Injuries: Shoulder R L _____

Knees R L _____

Hips R L _____

Back _____

Other _____

Notes: _____

