



Grow to glow fitness

Physical Activity Readiness Questionnaire (PAR-Q)

CLIENT INFORMATION

Name:	_____	Address:	_____
DOB:	_____		_____
Email:	_____	Telephone:	_____

EMERGENCY CONTACT DETAILS

Name:	_____	Address:	_____

Email:	_____	Telephone:	_____

REASONS FOR STARTING A FITNESS PROGRAMME

TICK ALL THAT APPLY

General Conditioning	<input type="checkbox"/>	Muscular Strength	<input type="checkbox"/>	Stress Management	<input type="checkbox"/>
Weight/fat loss	<input type="checkbox"/>	Aerobic Fitness	<input type="checkbox"/>	Appearance	<input type="checkbox"/>
Improve self-Esteem	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	Time Constraints	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please explain:	_____		

MEDICAL HISTORY

Have you had a major illness or injury in the last 5 years Yes / No

If 'Yes' please give details _____

Are you receiving treatment for any diagnosed medical condition? Yes / No

If 'Yes' please give details _____

Are you taking any prescription medication? Yes / No

If 'Yes' please give details _____



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MEDICAL HISTORY CONTINUED

Please indicate if you have any of these symptoms

1. Has your doctor ever said that you have a heart condition and recommend only medically supervised activity? Yes / No
2. Do you have chest pain brought on by physical activity? Yes / No
3. Have you developed chest pain in the last month? Yes / No
4. Do you tend to lose consciousness or fall over as a result of dizziness? Yes / No
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? Yes / No
6. Has a doctor ever recommended medication for your blood pressure or a heart condition? Yes / No
7. Are you aware, through own experience or from a doctor's advice, of any other physical reason why you should not exercise without medical supervision? Yes / No
8. Are you currently, or have you been pregnant in the last six months? Yes / No

I can confirm that I have answered all questions honestly and that the information given is correct.

Client Signature: _____ Print name: _____

Date: _____

Trainer Signature: _____ Print name: _____

Date: _____