

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PARQ)



NAME:

ADDRESS:

POSTCODE:

PHONE (M):

PHONE (H):

PHONE (W):

EMAIL:

OCCUPATION:

HOW DID YOU HEAR ABOUT PHYTNESS?

REFERRAL GOOGLE POSTCARD (SHOP) POSTCARD (FRONT DOOR)

NEWSPAPER / MAGAZINE (WHICH ONE?)

CONTRAINDICATIONS: (e.g. Diabetes, Allergies, Asthma)

PERSONAL GOALS:

In the past months have you had chest pain when you were not doing physical activity? Y/N:

In the past months have you had chest pain when you were not doing physical activity? Y/N:

Do you lose your balance because of dizziness or do you ever lose consciousness? Y/N:

Do you have a bone/joint problem that could be made worse by a change in your physical activity? Y/N:

Is your doctor currently prescribing medication for your blood pressure or a heart condition? Y/N:

Do you know of any other reason why you should not do physical activity? Y/N:

DECLARATION:

We collect the above information about your health and medical history so that we have as much relevant information as possible to provide you with a suitable and safe exercise programme.

I certify that I have answered all the above questions correctly and to the best of my knowledge am free from any medical conditions which may be aggravated by physical exertion. I confirm that I will advise my personal trainer of any changes to my health prior to beginning any exercise.

SIGNATURE:

DATE: