

PRE-ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Name	Surname
Your Address	Postcode
Mobile Phone	Work Phone
Email	
D.O.B	
Emergency Contact Name	Phone Number
Occupation	Today's Date

EXERCISE HISTORY:

Are you currently exercising?	If YES, what?
How long (months/years)?	How many times per week?
Are you achieving results?	
If NO, what exercise/sport have you done in the past?	
Did you get results?	Why did you stop?

MEDICAL BACKGROUND:

Do any of the following medical or physical conditions apply to you? (please tick or highlight)	
<input type="checkbox"/> Do you have a family history of heart disease, stroke, raised cholesterol, high blood pressure or diabetes?	
<input type="checkbox"/> Are you male over 35 or female over 45 and NOT used to regular vigorous exercise?	
<input type="checkbox"/> Are you on prescription medication? If yes, please describe	
<input type="checkbox"/> Have you been hospitalised recently?	
<input type="checkbox"/> Have you given birth in the last six weeks?	<input type="checkbox"/> Are you pregnant?
<input type="checkbox"/> Any heart condition	<input type="checkbox"/> Stroke
<input type="checkbox"/> Dizziness or Fainting	<input type="checkbox"/> Pain in Chest
<input type="checkbox"/> Raised Cholesterol/Triglycerides	
<input type="checkbox"/> High Blood Pressure > 140/90	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Do you smoke?	
<input type="checkbox"/> Are there any injuries or restrictions that may affect your participation in exercise? If yes, please describe	
<input type="checkbox"/> Are there any other conditions which may be reason to modify your exercise program? If yes, please describe	
If you answered yes to any of the above conditions, have you been cleared to exercise by an allied health professional?	

***Referral (PT ONLY)**

Does this person require referral to an allied health professional for medical clearance before commencing a physical activity program? Yes No

FEMALE SPECIFIC QUESTIONS:

Do you menstruate on a regular basis?	How long is a typical 'cycle'?
Do you currently have, or have had issues with your menstrual cycle e.g. irregular cycles, missing cycles (and not pregnant), PMS?	
At what age did you begin menses?	
Have you ever been diagnosed or told you have PCOS, endometriosis or other something similar?	
Have you had children? If so, did you have a vaginal delivery or C-Section?	
Who did you seek post-birth treatment and clearance from?	
Where there any complications during your pregnancy or birth?	
Do you ever leak or pee a little when you cough, do a 'just in case pee' pick something up, jump, run or do something similar?	
Have you ever had a surgery for Prolapse?	
Do you ever experience pain in the lower abdomen, pelvis or lower back?	
Do you think you are pre-menopausal or going through menopause?	
Have you had or are you currently experiencing any hormonal related signs and symptoms such hot flushes, weight gain, vaginal dryness, foggy head etc	
Has your mother and/father been diagnosed with (or had) osteoporosis?	
Has one or more siblings been diagnosed with or (had) osteoporosis?	
Have you ever had broken bones or stress fractures?	
Have you been on diets before?	
Have you had an eating disorder?	

DESIRES AND GOALS:

What results/goals do you want from personal training? *(Please circle/highlight)*

- | | | |
|---|---------------------------------|-------------------------|
| I need to get fitter | I need to look my absolute best | I need more muscle tone |
| I want fat loss | I need to build muscle | I need to get stronger |
| I need more energy | I have a specific sporting goal | |
| I want to feel confident about my body | | |
| I need to rehabilitate part of my body (what part? _____) | | |

Other? _____

WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS

Agreement for Participating in Personal/Group Personal Training

The ‘**Trainer**’ refers to the Personal Trainer

The ‘**Activity**’ refers to the participation in personal/group strength, fitness and conditioning training, assessments and general advice.

I acknowledge that it is a condition of participating in this activity that I do so at my own risk

I accept all risks and hereby indemnify and release the trainer, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly and indirectly associated with the Trainer, against all liability (including liability for their negligence and the negligence of others) claims, demands, and proceeding arising out of or connected with my participation in this activity

This release and indemnity continue forever and binds my heirs, successors, executors, personal representatives and assigns

I acknowledge that participating in this activity may involve a risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings

I recognize the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise

I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity my Trainer will be immediately informed. By continuing to participate in this activity, I accept the risks despite these conditions and am still and will always be under the terms of this agreement.

I certify that I am 18 years or older and have read this document and fully understand it

OR

As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to

Signature: _____ (guardian/parent to sign if under 18 years of age)

Full name (please print): _____ Date: _____

Name of Trainer: _____

Signature of Trainer: _____