



PRE-EXERCISE QUESTIONNAIRE (PAR-Q)

This form is designed to ascertain whether you are safe to commence an exercise programme. The information on this form will be kept in strictest confidence by myself and will not be released to any third party. Please complete this form honestly and bring it with you to your free consultation.

PERSONAL DETAILS

Field	Your Details
First name(s)	
Surname	
Date of birth	
Address	
Telephone	
Mobile	
e-mail	
Extra e-mail/phone	
Extra e-mail/phone	

MEDICAL HISTORY

Do you or have you ever had: (please tick yes or no, if yes please give details in space below)	Yes	No
1. Heart problems		
2. Pains in your heart or chest while exercising		
3. Pains in your heart or chest while at rest		
4. Feelings of faintness or spells of severe dizziness		
5. High blood pressure		
6. Bone or joint problems		
7. Back problems		
8. Surgery		
9. Major illness or accident requiring hospitalisation		
10. Any chronic illnesses such as asthma, other lung diseases, arthritis, diabetes etc.		
11. Any other condition that you believe could be affected by exercise		

(please continue on reverse if necessary)

Are you: (please tick yes or no, if yes please give details in space below)	Yes	No
12. Taking any medication		
13. Receiving any treatment from your doctor or any other health professional		
14. Suffering an addiction to – alcohol, nicotine, prescription drugs or narcotics		
15. Feeling depressed, anxious or suicidal		
16. Unwell with cough, cold, flu or other short term illness in the last month		
17. Suffering from a communicable disease		
18. Physically injured – cuts, bruises, breaks, strains, sprains or overuse injuries		
19. Pregnant or have you given birth within the last two years		

(please continue on reverse if necessary)

Have any of your parents, siblings or grandparents suffered:	Yes – who & at what age?	No
20. Heart disease		
21. Stroke		
22. High blood pressure or high cholesterol		

(please continue on reverse if necessary)

EXERCISE HISTORY

Please make a brief note of any sport/exercise you are involved in or have previously taken part in:

(please continue on reverse if necessary)

DECLARATION

To the best of my knowledge the information I have provided is accurate and complete.

Signed: _____

Date: _____