



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Once this form has been completed, please email back to bexxfit@outlook.com

NAME

ADDRESS

DATE OF BIRTH

CONTACT NUMBER

EMAIL ADDRESS

Please answer the following questions truthfully so that we may help you in the best way possible.

1, Are you looking to:

- Lose weight ☐
- Build muscle ☐
- Improve lifestyle ☐
- Improve confidence ☐
- All of the above ☐

2, What do you struggle with the most?

- Exercise ☐
- Nutrition ☐
- Mental health ☐
- All of the above ☐

3, Are you:

- Male ☐
- Female ☐

Comments

The completion of this form is requested because you are about to increase the amount of exercise you are doing and so the following questions are pertinent to your health and your ability to exercise safely.

This form aims to highlight any situation where physical activity should not be carried out and where medical advice should be sought from your GP.

Please read carefully ticking yes or no. It is your responsibility to inform me should your health change in any way.

1, Has your doctor ever told you that you have a heart condition and that you should only perform physical activity recommended by a doctor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2, Do you ever experience a feeling of pain in your chest when you do physical activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3, Have you experienced chest pain when not doing any physical activity in last 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4, Do you experience any light headiness, dizziness, fainting or do you ever lose consciousness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5, Do you have any bone or joint problems e.g hip, knee or back in whereby physical activity could make it worse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6, Are you taking any medication for blood pressure or a heart condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7, Are you aware of any other reason why you should not do physical activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8, Have you had baby in the last 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9, Have you had any surgery in the last 24 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered YES to any of questions above, PLEASE consult with your GP before you start any physical activity and explain you have completed this form. It may be safe for you start physical activity but your doctor may wish for you to start exercising gradually and may suggest restricting activities which are safer for you.

I confirm I have read and understood all the above. and will speak with my GP where necessary

SIGNED

DATE

TERMS

Should you choose to with hold any information relating to your health-you should do so by accepting full responsibility in relation to your safety when partaking in any exercise programme with me.

If you are unsure on this then the chances are there is something we need to discuss together. Your health and well being during any exercise session with me is my priority so please make it yours too.

Please sign below to agree that have completed the health form to the best of your knowledge and that you take full responsibility for any injuries you may incur before, during or after a session.

Thankyou for your cooperation

Bex

SIGNED

DATE