**PAR-Q**

Client Name:

How did you hear about us?:

**MEDICAL HISTORY**

Medical History:

(incl any medication)

Family History:

Personal Injuries:

Areas of concern:

**HEALTH AND FITNESS ASSESSMENT**

| **Please answer all the following questions to the best of your ability and knowledge.** | **Yes** | **No** |
| --- | --- | --- |
| Has a physician ever told you that you have heart trouble? |  |  |
| Do you frequently have pains in your heart and chest area? |  |  |
| Do you often feel faint or have spells of severe dizziness? |  |  |
| Has a physician ever told you that your high blood pressure was too high? |  |  |
| Has a physician ever told you that you have a bone or joint problem such as arthritis that has been aggravated or might be made worse by exercise? |  |  |
| Do you have a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |  |  |
| Are you over the age of 65 and not accustomed to vigorous exercises? |  |  |

| **Have you ever had any of the following?** | **Yes** | **No** |
| --- | --- | --- |
| Heart attack or heart failure? |  |  |
| Heart Surgery? |  |  |
| Metabolic diseases? |  |  |
| A pacemaker or other heart device? |  |  |
| A heart valve or congenital heart disease? |  |  |
| Pulmonary disease? |  |  |
| A Stroke? |  |  |
| Coronary Artery Disease? |  |  |
| If you are a woman, are you pregnant? |  |  |
| Musculoskeletal or nerve problems? |  |  |

| **Have you ever experienced any of the following?** | **Yes** | **No** |
| --- | --- | --- |
| Pain in your chest, neck or jaw? |  |  |
| Shortness of breath with mild exertion? |  |  |
| Palpitations, tachycardia, or irregular heart beat? |  |  |
| Orthopnea or Paroxsomal? |  |  |
| Nocturnal Dyspnea? |  |  |
| Intermittent claudication or thrombosis? |  |  |
| Ankle swelling? |  |  |
| Heart murmur? |  |  |
| Dizziness? |  |  |
| Do you suffer with epilepsy? |  |  |
| Do you suffer from motion sickness? |  |  |

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| Ankle swelling? |  |  |
| Heart murmur? |  |  |
| Dizziness? |  |  |
| Do you suffer with epilepsy? |  |  |
| Do you suffer from motion sickness? |  |  |

Print Name: Signed: