**PAR-Q FORM Elite Private Fitness Limited**

Staff member name ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PT’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mark YES or No to the following: YES NO**

Has your doctor ever said that you have a heart condition and recommended

only medically supervised physical activity? \_\_\_\_ \_\_\_\_

Do you frequently have pains in your chest when you perform physical activity? \_\_\_\_ \_\_\_\_

Have you had chest pain when you were not doing physical activity? \_\_\_\_ \_\_\_\_

Do you lose your balance due to dizziness or do you ever lose consciousness? \_\_\_\_ \_\_\_\_

Do you have a bone, joint or any other health problem that causes you pain or

limitations that must be addressed when developing an exercise program

(i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis,

anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? \_\_\_\_ \_\_\_\_

Are you pregnant now or have you given birth within the last 6 months? \_\_\_\_ \_\_\_\_

Have you had a recent surgery? \_\_\_\_ \_\_\_\_

If you have marked YES to any of the above, please elaborate below:

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Do you have any chronic illness or physical limitations such as Asthma, diabetes? Yes/No

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Do you have any injuries or orthopedic problems such as, bad knees, back, shoulder, wrist or neck

issues? YES/ NO Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this medication affect your ability to exercise or achieve your fitness goals? \_\_\_\_\_\_\_\_\_\_\_\_

**Lifestyle Related Questions:**

1) How many hours do you regularly sleep at night? \_\_\_\_\_\_\_\_\_\_\_

2) Describe your job: 🔾 Sedentary 🔾 Active 🔾 Physically Demanding

3) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? \_\_\_\_\_\_