

CLIENT READINESS PAR-Q FORM

Below you will find a series of questions to be filled out prior to starting your Personal Training Program. Please complete the entire Par-Q and bring it with you to your Client Consultation.

The following information is designed to determine a client's current health and fitness level and to identify any risk factors a client may have before starting a fitness program. The information gathered informs the trainer if there is a need for a physicians' medical clearance before designing a customized training program.

BASIC INFORMATION

Client's Name: _____

Date: _____

Date of Birth: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Physician Name: _____

Physician's Phone: _____

Physician's Fax: _____

MEDICAL HISTORY

Have you had or do you presently have any of the following conditions? Please check all that apply.

- Rheumatic fever
- Recent operation
- Edema (swelling of ankles)
- High blood pressure
- Low blood pressure

- Injury to back or knees
- Seizures
- Lung disease
- Heart attack
- Fainting or dizziness
- Diabetes
- High cholesterol
- Orthopnea (the need to sit up to breathe comfortably)
- Paroxysmal (sudden or unexpected attacks)
- Nocturnal dyspnea (shortness of breath at night)
- Shortness of breath at rest or with mild exertion
- Unusual fatigue or shortness of breath with activity
- Chest pains
- Palpitations or tachycardia (unusually high or rapid heartbeat)
- Intermittent claudication (calf cramping)
- Pain, discomfort in the chest, neck, jaw, arms or other area
- Known heart murmur
- Temporary loss of visual activity or speech or short-term numbness or weakness in one side, arm(s) or leg(s) of your body
- Other

Please explain checked items:

FAMILY HISTORY

Have any of your immediate family members (parent, sibling or children) experienced the following conditions? Please check all that apply and note at what age the condition occurred.

- Heart attack
- Heart operation
- Congenital heart disease
- High blood pressure
- High cholesterol
- Diabetes
- Other major illnesses

Please explain checked items:

EXERCISE HISTORY

1. What is your present occupational position?

2. Have you ever worked with a trainer before?

- Yes
- No

3. Date of your last physical examination performed by a physician.

4. Do you participate in a regular exercise program?

- Yes
- No

If yes, please describe your current routine in detail (types of exercise and amount of time with each).

5. Do you have any injuries (bone or muscle) that may interfere with exercising?

Yes

No

If yes, please describe each in detail including, the year and cause of issue, what was the medical diagnosis and if you received treatment or physical therapy for the issue.

6. Do you smoke?

Yes

No

If yes, for how long have you been smoking and how much (number of cigarettes or packs per day).

7. Do you follow or have you recently followed any dietary intake instructions?

Yes

No

If yes, please describe your nutritional habits?

If no, how do you feel about your nutritional habits?

8. List the medications that you are presently taking.

9. List in order of precedence your current health and fitness goals.

10. Is there anything that has not been mentioned above that your trainer should be aware of?
