



# Physical Activity Readiness Questionnaire (PAR-Q)

1. Has your doctor ever said you have a heart condition and recommended only medically supervised physical activity?
2. Do you have chest pain brought on by physical activity?
3. Have you developed chest pain within the last month?
4. Do you tend to lose consciousness or fall over as a result of dizziness?
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
6. Has a doctor ever recommended medication for your blood pressure or for a heart condition?
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?
8. What are your fitness goals?

## Personal Program Orientation/Personal Training

Today's Date: \_\_\_\_\_ Proposed Appointment: \_\_\_\_\_

Desired Appointment - Day of the Week: \_\_\_\_\_ am or pm

Preferred Trainer: \_\_\_\_\_ No Preference \_\_\_\_

Client name: \_\_\_\_\_ Age \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Best time to call? \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

----- **FOR FRONT DESK USE ONLY** -----

Front Desk Staff Name (clear) who recieved this PAR Q: \_\_\_\_\_ Date Recieved: \_\_\_\_\_

Which box was PAR Q placed in: \_\_\_\_\_ (All PAR Q Forms should be placed in a box on the Fitness Departments Door)

----- **FOR PERSONAL TRAINER USE ONLY** -----

Personal Trainer Name (clear) who recieved this PAR Q: \_\_\_\_\_ Date Recieved: \_\_\_\_\_

Date of 1st attempt to schedule: \_\_\_\_\_ (Maximum of 2 business days since date recieved)

Mode of Communications Attempted (circle): Phone Call | Voice Mail | Text | Email

Date of 1st Appointment: \_\_\_\_\_

If unable to schedule name who this PAR Q was passed to: \_\_\_\_\_ Date of Transfer: \_\_\_\_\_