

Physical Activity Readiness Questionnaire (PAR Q)

Short version



CIMSPA

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When using this form, you need to state:

Why you are collecting this information.

What you are going to do with this information (how you will store this).

Your policy for destroying this information (within a period of time or once the client has left).

Client Name: _____ DoB: _____

Address: _____

Email: _____ Phone: _____

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating **YES** or **NO**.

Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had a chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing medication for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not take part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please comment:		

If you answered YES to one or more questions:

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

If you answered NO to ALL of the questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.

A fitness appraisal can help determine your ability levels.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature: _____ Print name: _____ Date: _____

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Signature: _____ Date: _____

Note: This PAR Q becomes invalid should your condition change.



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1) My commitment to you

a. Confidentiality.

All information you give me will be kept in confidence. Your personal details and medical information will not be made available to third parties unless permission to do so is granted by you.

b. Recommendations.

Using my judgment and experience, I will suggest certain exercises and other lifestyle advice that I believe will help you achieve your personal goals, but if at any time you have specific requests please tell me so I can accommodate them.

c. Referral.

I intend to work with you within the scope of my knowledge and competencies as a REPs Registered Exercise Professional. Therefore when I believe it is in your best interests to see another health professional, I will refer you appropriately.

d. If I (the trainer) cancels or runs late.

Unforeseen circumstances may arise which require our sessions to be rescheduled. In this event the following policy will apply:

- If I am forced to cancel our session within 24 hours I will make up the session at no charge to you.
- If I am forced to cancel our session giving you more than 24 hours' notice I will reschedule as soon as possible.
- If I run late in starting our session I will extend the session time accordingly or make it up at a future date, whichever is most convenient to you.

2) Your responsibilities to me

a. Disclosure of information.

Please disclose all health information as requested at our initial consultation and keep me updated and informed of any changes to your health status. This includes all medical conditions; physical and mental, injuries, allergies, and medication you are taking. If necessary, you may need to seek clearance from your doctor before participation in the exercise programme I recommend.

b. Accepting potential risks.

Whilst for most people exercise is hugely positive with many health benefits, there remains some risk that I require you to be aware of and for you to sign the informed consent and disclaimer that I will provide.

c. If you (the client) cancel or run late.

- If you cancel your session with less than 24 hours' notice, or fail to show you will be required to pay _____ % of the session fee.
- If you cancel your session with notice between 24 and _____ hours then you will be required to pay _____ % of the session fee.
- Other: _____
- If you (the client) are late to a session, I will do my best to get the most out of the remaining time left in the session as I am unable to run over time due to previously arranged client commitments.

d. Other terms.

PLEASE NOTE: In the event that you need to reschedule or you are running late for a session, please contact me ASAP by

Option 1: Texting or calling and leaving a message _____

Option 2: Emailing me at _____

Other : _____