



Physical Activity Readiness Questionnaire (PAR-Q)

All information will be kept confidential

Name: Date:

DOB: Age:

Phone Number:

E-mail:

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Please read each question carefully and answer every question honestly:

- | | | |
|--|------------|-----------|
| 1. Do you have a heart condition and should only do physical activity recommended by a physician? | Yes | No |
| 2. When you do physical activity do you feel pain in your chest? | Yes | No |
| 3. When you were not doing physical activity, have you had a chest pain in the past month? | Yes | No |
| 4. Do you ever lose consciousness or do you lose your balance because of dizziness? | Yes | No |
| 5. Do you have a joint or bone problem that may be made worse by a change in your physical activity? | Yes | No |
| 6. Is a physician currently prescribing medications for your blood pressure or heart condition? | Yes | No |
| 7. Are you pregnant? | Yes | No |
| 8. Do you know of any other reason you should not exercise or increase your physical activity? | Yes | No |

If you have answered "**yes**" to any of the above questions, talk with your doctor **BEFORE** you become physically active.

Tell your doctor of your intention to exercise and which questions you answered "**yes**" to.

If at any stage your health changes, resulting in a "**yes**" answer to any of the above questions, please seek guidance from a GP.



1. Explanation of exercise:

You will perform a number of Pilates movements. The exercise intensity of each movement will be at a level appropriate for your ability. I may stop the exercise session at any time because of signs of fatigue or, you may stop when you wish because of personal feelings of fatigue or discomfort.

2. Risks and Discomforts:

There exists the possibility of certain changes occurring during exercise. They include abnormal blood pressure, fainting, disorder of heartbeat and in rare instances heart attack, stroke or death. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercise. If you have any doubts or questions, please ask for further explanation.

3. Responsibilities of the client:

Information you possess about your health status or previous experiences of unusual feeling with physical effort may affect the safety and value of your exercise participation. Prompt reporting of feelings of effort during exercise are of great importance. It is your responsibility to fully disclose such information when requested.

4. Freedom of consent:

Your permission to perform any of the movements is voluntary. You are free to deny consent or stop at any point, if you so desire.

I have read this form and understand the content. I consent to participate.

Participant's Signature:

Date: