

# Par-Q and Health History Form

## Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Address

## Physical Activity Readiness Questionnaire (Par-Q)

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

☐ Yes ☐ No

2. Do you feel pain in your chest when you do physical activity?

☐ Yes ☐ No

3. In the past month, have you had chest pain when you were not doing physical activity?

☐ Yes ☐ No

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

☐ Yes ☐ No

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

☐ Yes ☐ No

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

☐ Yes ☐ No

7. Do you know of any other reason why you should not do physical activity?

☐ Yes ☐ No

## Health History

Have you ever been diagnosed or treated for any of the following?

☐ Heart Disease ☐ High Blood Pressure ☐ Stroke ☐ Asthma ☐ Diabetes

☐ High Cholesterol   ☐ Arthritis   ☐ Osteoporosis   ☐ Back Pain   ☐ Surgery   ☐ Injury

Other (please specify)

## Current Medications

List any medications you are currently taking

## Lifestyle

How often do you currently exercise per week?

What are your fitness goals?