



**Personal Details**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_ DoB (optional): \_\_\_\_\_

Occupation: \_\_\_\_\_ Postcode: \_\_\_\_\_ Gender (optional): \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Please list any medication or supplements that you are taking and the reason:

\_\_\_\_\_

Does your GP know you are participating in this exercise program? Yes / No

Describe any current physical activity and frequency: \_\_\_\_\_

\_\_\_\_\_

Goal of sessions:

\_\_\_\_\_

**Modified Physical Activity Readiness Questionnaire (PAR-Q)**

**Please tick if you now have, or have had in the past:** Yes No Details

	Yes	No	Details
History of heart problems, chest pain, or stroke	<input type="checkbox"/>	<input type="checkbox"/>	
History of heart problems in immediate family	<input type="checkbox"/>	<input type="checkbox"/>	
Elevated blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Any chronic illness or condition	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty with physical exercise	<input type="checkbox"/>	<input type="checkbox"/>	
Advice from physician not to exercise	<input type="checkbox"/>	<input type="checkbox"/>	
Recent surgery (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancies	<input type="checkbox"/>	<input type="checkbox"/>	
History of breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>	
Muscle, joint, or back disorder, or any previous injury still affecting you	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes or metabolic syndrome	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>	
Cigarette smoking habit	<input type="checkbox"/>	<input type="checkbox"/>	
Obesity [body mass index (BMI) $\geq 30$ kg/m <sup>2</sup> ]	<input type="checkbox"/>	<input type="checkbox"/>	
Elevated blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	
Hernia, or any condition that may be aggravated by lifting weights or other physical activity	<input type="checkbox"/>	<input type="checkbox"/>	
Other condition	<input type="checkbox"/>	<input type="checkbox"/>	

If you answered yes to any of the above questions, talk with your doctor **BEFORE** you become more physically active. Tell your doctor your intent to exercise and to which questions you answered yes.

If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity **gradually**.

If your health changes after completion of this form and you can answer yes to any of the above questions, seek guidance from a physician.

I agree that the information provided by me in this questionnaire is true and accurate and will be used as a guideline to the limitations of my ability to participate in a Pilates program and Pilates classes. I understand that it is for the purpose of assisting with the provision of safe Pilates practice with the understanding that I consider myself both physically and mentally sound and able to participate in Pilates at my own risk. I agree to immediately advise if during any exercise I experience pain or discomfort. I recognise that this questionnaire does not provide advice of any kind, nor does it substitute for the advice of a qualified medical practitioner. No warranty of safety should result from its use nor does it in any way guarantee against injury or death.

The instructor/practitioner and the business will not accept responsibility or any liability whatsoever for any loss, damage, injury or death arising from any person acting on information provided in this questionnaire. The information I have provided is confidential and will not be shared with any third parties without my prior consent unless required by law.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*The PAA accepts no responsibility or liability whatsoever for any loss, damage, injury or claim that may arise from any person acting on any information provided in this questionnaire. No warranty of safety should result from its use nor is a guarantee against injury or death assumed by the PAA.*