



Health and Safety Questionnaire - Physical Activity Readiness Questionnaire (PAR-Q)

Title: _____ First Name _____ Surname _____

Address: _____

_____ Post Code _____ Mobile Tel _____

E-mail address: _____ Age: _____ Male/Female _____

Medical history

1. Have you ever suffered from heart trouble? YES / NO
2. Are you presently taking any form of medication? YES / NO
If yes, please state
3. Do you suffer from chest pains? YES / NO
4. Do you ever have spells of dizziness or feel faint? YES / NO
5. Have you ever had either high or low blood pressure, and/or high cholesterol level? If YES please indicate which: YES / NO
.....
6. Have you ever had asthma, chronic bronchitis or any other chest ailments? If YES Please indicate which: YES / NO
.....
7. Do you suffer from back pain or any orthopaedic problem? YES / NO
If YES please indicate which:
.....
8. Do you suffer from severe headaches or migraines? YES / NO

9. Are you recuperating from a recent illness/operation or injury? YES / NO
If YES please expand:

.....

10. Have you any medical condition that we should be aware of? YES / NO

11. Are you pregnant? If yes, how many months? YES / NO

12. Is there any history of heart disease in your immediate family
(under the age of 55) YES / NO

13. Do you have any of the following problem areas?

Neck/Shoulder	<input type="checkbox"/>	Sacroiliac Joint	<input type="checkbox"/>	Ankles	<input type="checkbox"/>
Upper Back	<input type="checkbox"/>	Pelvis/Hips	<input type="checkbox"/>	Feet/Toes	<input type="checkbox"/>
Mid Back	<input type="checkbox"/>	Sciatica	<input type="checkbox"/>	Arms/Elbows	<input type="checkbox"/>
Lower Back	<input type="checkbox"/>	Knees	<input type="checkbox"/>	Wrists/Hands	<input type="checkbox"/>

PLEASE NOTE: If you answered YES to any of questions 1-13, you are advised to seek medical advice/approval before commencing an exercise induction or exercise programme.

I have been informed both verbally and in writing that if I answer YES to any of questions 1-13 of this questionnaire, I should seek medical advice/approval before commencing an exercise programme and/or induction. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that my Pilates Instructor cannot be held responsible for any injuries or ill health arising from my participation in the exercise programme.

Signed: _____

Date: _____

Print Name: _____

Instructor's Notes

.....
.....
.....



Lifestyle Questionnaire

Client's name: _____ Date: _____

General instructions: Please fill out this form as completely as possible. If you have any questions *please do not guess!* Just ask for assistance.

The summary boxes are to be completed by the instructor

Physical activity
<p>In the last year how often have you participated in physical activity?</p> <ul style="list-style-type: none"> • 5-7 times per week • 3-4 times per week • 1-2 times per week • 1-2 times per month • Not at all
<p>List the physical activities that have worked for you in the past</p> <ol style="list-style-type: none"> 1. 2. 3. 4.
<p>Do you have any negative feelings toward, or have you had any bad experience with exercise? If YES, please give details</p>
<p>If you have been unable to exercise regularly, what are the reasons?</p>
Occupation and leisure

What is your present occupation?
Does your occupation involve much physical activity (for example lifting, walking, bending, etc.)?
What activities/exercise do you participate in during your leisure time?
Fitness
Rate yourself on a scale of 1-10 by circling the number that best describes you (i.e. 1 indicating the lowest value and 10 the highest).
What is your overall level of fitness? 1 2 3 4 5 6 7 8 9 10
What is your current cardiovascular capacity? 1 2 3 4 5 6 7 8 9 10
What is your current muscular capacity? 1 2 3 4 5 6 7 8 9 10
What is your current flexibility capacity? 1 2 3 4 5 6 7 8 9 10
What is your current co-ordination (motor skill) capacity? 1 2 3 4 5 6 7 8 9 10
How much time are you willing to devote to exercise? Minutes per day: Days per week:

Rate your goals in undertaking pilate sessions. Rate each goal separately- minimum of 3 required)

	Extremely Important				Somewhat Important				Not at all Important	
	10	9	8	7	6	5	4	3	2	1
• Improve overall health									
• Reshape or tone my body									
• Reduce low level back pain									
• Improve core strength									
• Improve performance for a particular sport									
• Improve moods and ability to cope with stress									
• Improve flexibility									
• Increase strength									
• Improve posture									
• Improve balance									
• Other (please state)									

Instructor General Summary to include any PAR-Q issues and actions taken where a YES is indicated

Client's signature		Date	
Print Name			
Instructor's Signature		Date	
Print Name			



Pilates Informed Consent Form

I hereby state that I have read, understood and answered honestly the questions on the Physical Activity Readiness Questionnaire (PAR-Q). I wish to participate in physical activities that will include a Pilates warm-up preparation phase involving standing and lying exercises and a main mat-based Pilates session with floor-based exercises. These could involve use of small equipment such as a resistance band, blocks, foam rollers or Pilates rings. The session will also include flexibility exercises.

There exists the possibility of certain dangers when exercising; abnormal blood pressure, fainting, irregular/fast or slow heart rhythm. Whilst every care will be taken to ensure your safety it is impossible to predict the body's exact response to exercise. Therefore, it is important that you provide the correct information on the PAR-Q form to minimise any risk. It is essential that you make the instructor aware of any changes to your medication or health.

I realise that in participating in these activities I may be at risk of injury and even the possibility of death. I hereby confirm that I am participating voluntarily.

Client's Name			
Client's Signature		Date	
Instructor's Name			
Instructor's Signature		Date	

Additional note: I confirm that, if necessary, I have taken medical advice and my doctor has agreed that I should exercise

Client's Name			
Client's Signature		Date	

