



Exercise Assessment Packet



Date: _____

Name: _____



Trainer's
Notes:



Physical Activity Readiness Questionnaire (PAR-Q)

Client Name:	_____	
Day Phone:	_____	Evening Phone: _____
Email Address:	_____	
Signature:	_____	
(Signature of Parent or Guardian if client is under the age of 18)		

For most people physical activity should not pose a problem or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should receive medical advisement concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and check 'Yes' or 'No' as each question applies to you.

	Yes	No		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor said your blood pressure is too high or are you taking medication(s) for high blood pressure? If 'yes' what was the reading? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you been diagnosed with a known disease such as diabetes, MS, Fibro, etc. If 'yes' please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said that you have a bone or joint problem such as arthritis that has been or might be made worse with exercise? If 'yes' please list: _____	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant, have a serious injury, or other medical condition(s) that require medical attention / guidance? If 'yes' please list: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you ever feel faint or have spells of severe dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	Do you feel pain in your chest when you participate in physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor told you that you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>	Are you over the age of 60 and not accustomed to vigorous exercise?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had any of the following: - Shortness of breath w/ exertion - Heart palpitations - Leg cramps while walking - Swelling around the ankles recently	<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any other reason why you should not participate in physical activity? If 'yes' please list: _____

If you answered "YES" to 1 or more question:

- Consult your doctor if you haven't done so recently before starting or increasing your physical activity and/or taking a complimentary personal training session.

If you answered "No" to all above questions you are suitable for:

- Unrestricted physical activity starting off easy and progressing gradually.
- Restricted or supervised activity to meet your specific needs, at least on an initial basis. Advanced Fitness is available to assist you with a program that complies with your doctor's recommendations.

If you answered "No" to 1 or more question but feel you would still like additional assistance:

- Advanced Results is available to assist you. Feel free to discuss any and all concerns with your Personal Trainer now and in the future!



Client Health History

Client Name: _____

Date: _____ Trainer: _____

Does your doctor know you are participating in a fitness and exercise program? Y / N

Please list medications you are currently taking: _____

Doctor's Name: _____

Doctor's Phone #: _____ Doctor's Fax #: _____

Emergency Contact: _____

Relationship to Client: _____ Phone #: _____

Please check 'Yes' or 'No' to the statements below answering as accurately as possible to ensure an accurate assessment can be made. Your answers will be treated in a confidential manner.

Do you now, or have you had in the past:

Yes **No**

- A family history of cardiac or pulmonary disease prior to the age of 55 in males or 65 in females?
- Smoke cigarettes?
- Diagnosed with high blood pressure (higher than 140/90)?
- Diagnosed with high blood glucose (higher than 110; fasting)?
- Diagnosed with high serum cholesterol (greater than 200)?
- Diagnosed with HDL greater than 60 dl/ml?
- Diagnosed with metabolic diseases of the thyroid, liver, renal system?
- Suffer from a chronic illness or condition?
- Suffer from a hernia or other condition that may be aggravated by weight lifting?
- Diagnosed with osteoporosis?
- Suffer from ankle edema (ankle swelling)?
- Pregnancy now or within the last 3 months?
- Suffer from muscle, joint, or back disorder (or a previous injury still affecting you)?
- History of breathing or lung problems?
- Participation in a regular fitness and exercise program?

Signature: _____

(Signature of Parent or Guardian if client is under the age of 18)

Client Goals & Exercise History

What are your short term fitness goals (2 to 3 months)?

What are your long term fitness goals (1 year)?

What is your fitness & exercise history?

What injuries have you suffered in the past 10 years?

What is your time availability?

Morning / Mid-Day / Evening M TU W TH F SA SU
