

REWRITE FITNESS: Questionnaire and PAR-Q

Please complete this form, either electronically or by printing and handwriting your answers; then return to Chris by email or in-person.

Personal Information

Your name is required; other fields are optional, but answering all of them is very helpful.

Client's Name

Date

Prefix

First Name

Last Name

Birth Date

Month

Day

Year

Height

Weight

Phone Number

What are your pronouns?

Area Code

Phone Number

E-mail

**Preferred
Contact**

Phone (Voice)

Text

Email

Physical Activity Readiness Questionnaire (PAR-Q)

Your responses to these seven questions are required to complete this form.

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

Do you feel pain in your chest when you perform physical activity?

In the past month, have you had chest pain when you were not performing any physical activity?

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

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

Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?

Do you know of ANY other reason why you should not engage in physical activity?

If you have answered "Yes" to one or more of the questions in the PAR-Q, consult your physician BEFORE engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

General and Medical Questionnaire

All questions in this section are optional, but answering them here is very helpful and will make our assessment meeting more productive.

What is your current occupation?

Does your occupation require extended periods of sitting?

Does your occupation require you to wear shoes with a heel (dress shoes)?

Does your occupation cause you anxiety or mental stress?

Does your occupation require extended periods of repetitive movements?

Please list your regular physical recreational activities (golf, tennis, skiing, etc)

Please list your regular hobbies (gardening, reading, working on cars, etc)

**** For questions below, please note that this form is NOT SECURE, and you should not list any sensitive medical information that you consider private and would prefer to discuss only in person. ****

If you've ever had pain or injuries (ankle, back, shoulder, etc) please list them.

Have you ever had any surgeries? If yes, please list them.

Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, arterial disease, hypertension or high blood pressure, high cholesterol, or diabetes? If yes, please list them.

Are you currently taking any medication? If so, please list.
