



MEMBERSHIP TYPE:

CENTER FOR HEALTH AND WELLNESS

Physical Activity and Readiness Questionnaire (PAR-Q)

CLIENT INFORMATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____ Sex: Male Female

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Marital Status _____ Email _____

Emergency Contact Name & Phone _____

How did you hear about us? (Check) Employee Physician Physical Therapy Family or Friend
 Social Media (i.e. Facebook) Word of Mouth FHMMC Website Google

Optum / Silver Sneakers / Prime ID / Active & Fit / Silver & Fit Fitness ID: _____

PHYSICIAN INFORMATION

Primary Care Physician _____ Phone _____

GOALS/INTERESTS

Please list: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS by checking the appropriate box:

1. *Has your Physician ever said that you have a heart condition?* Yes No
2. *Do you feel pain in your chest or arms when you do physical activity?* Yes No
3. *Have you had chest or arm pain when you were not doing physical activity?* Yes No
4. *Do you ever feel faint or lose your balance, get dizzy or pass out?* Yes No
5. *Do you have high blood pressure that is not being treated medically?* Yes No
6. *Do you take medicine for your blood pressure or heart condition?* Yes No
7. *Have you ever had a blood clot?* Yes No
8. *Are you taking blood thinning medications including aspirin?* Yes No
9. *Do you have a respiratory problem, COPD, or Asthma?* Yes No
10. *Do you have diabetes?* Yes No
11. *Bone or joint problem that could worsen with physical activity?* Yes No
12. *Are you pregnant or have been within three months?* Yes No
13. *Is there any other reason why you should not do physical activity?* Yes No
14. *Has your Physician ever restricted you from exercise?* Yes No

If you have answered **three (3) or more questions YES**, you must obtain medical clearance from your Physician prior to engaging in physical exercise at the Center for Health and Wellness. We can provide a form for you to use for this purpose. We advise all participants to consult with their Physician prior to exercise.

Signature _____ Date _____

Parental Signature (required for participant under age 18)