



PERSONAL DETAILS	
Name	
Address	
Post Code	
Phone No	
Email	
D.O.B	

EMERGENCY CONTACT	
Name	
Phone No	
Relationship	

DOCTOR'S DETAILS	
Dr Name	
Surgery	

Your information will be held securely and will only be used by Healthy Habits for the purpose of class administration and exercise prescription.

**Please also complete the PAR-Q section overleaf ...**

## Physical Activity Readiness Questionnaire (PAR-Q)

This PAR-Q is designed to identify whether you should seek medical advice before you significantly change your physical activity levels. If you are over 69 years of age and are not used to being very active, check with your GP first. Please read each question carefully and answer honestly by ticking YES or NO.

	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had a chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem (e.g. back, knee or hip) that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Are you recovering from any illness or operation?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing medication for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please list:		
Do you know of any other reason why you should not take part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please comment:		

**If you answered YES to one or more questions:**

Please talk to your instructor, you may need to check with your GP first. Tell them about the PAR-Q and which questions you answered 'yes' and check that it is safe for you to become physically active at this current time and in your current state of health.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury. I will inform the instructor of any changes in my health status and/or medication and if necessary seek further advice from my GP.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Having answered YES to one or more of the questions above, and where advised to seek medical advice, I have done so and my GP has agreed that I may exercise.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_