



GREEN PILATES MOVEMENT STUDIO

Physical Activity Readiness Questionnaire - Advanced

Client's name:

Date of Birth:

Address: Post Code:

Email Address:

Would you like to be added to our mailing list (please circle) YES NO

Telephone Number: How did you hear about the class:

We would be really grateful if you could give us your number just in case classes are ever cancelled.

Please read the following questions and answer each one honestly.

Questions	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
2. Do you feel pain in your chest when you do physical activity?		
3. In the past month, have you had chest pain while you were not doing physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem? I.e back problem, knee or hip replacement		
6. Are you taking any medication? If yes please give details (please attach an old scribe if possible)		
7. Are you pregnant? If yes have you had any symptoms of pre-eclampsia or other health issues?		
8. Have you recently had a baby? If yes have you had your 6-week check-up and no issues highlighted?		
9. Do you have weakness or concerns with your pelvic floor?		
10. Have you had any recent injuries or operations? If yes please give details		
11. Summarise below your health problems ie arthritis, diabetes, back pain etc If yes, was it a cardiac surgery?		
12. Have you been diagnosed with high blood pressure? If yes is it 130-139/85-89 or 140-159/90-99 Is your doctor currently prescribing drugs for your blood pressure or heart condition?		
13. Do you have Diabetes? Yes Type 2 – Diet controlled Yes Type 2 – Medication Controlled Yes Type 1 – I understand how to make relevant modifications during exercise Yes Type 1 or 2 Advanced – with associated mobility issues		
14. Are you aged over 65 years? Do consider yourself to be at risk of falls? Do you have osteoporosis and a history of fractures?		
15. Have you been diagnosed with Osteoarthritis? If yes, would you consider it mild and exercise provides relief? If yes, do you have intermittent mobility problems If yes, would you consider it severe with associate mobility issues?		



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Questions	YES	NO
16. Have you been diagnosed with Rheumatoid Arthritis? If yes, do you have intermittent mobility problems If yes, would you consider it severe with associate mobility issues?		
17. Do you suffer with asthma? If yes, is it mild and induced by exercise but with no other symptoms?		
18. Have you had a stroke/TIA? If yes, > 1 year ago. Stable CV symptoms, limited mobility issues If yes, was it recent (>3 months ago)?		
19. Do you suffer with COPD, emphysema or other breathing issues? Yes, COPD, Emphysema, other (please state)		
20. Do you have a neurological condition? Parkinson's Disease (stable); Multiple Sclerosis		
21. Have you been diagnosed with Chronic Fatigue Syndrome?		
22. Do you suffer with anxiety and/or depression? If yes, would you consider it mild anxiety? If yes, would you consider it mild to moderate?		
23. Have you been diagnosed with Fibromagia? If yes, do you suffer with Associated impaired functional ability If yes, do you suffer with poor physical fitness		
If you answered YES to one or more questions		
Talk to your doctor BEFORE you become more physically active. Discuss with your doctor which kinds of activities they recommend you participate in. We would also recommend that you book a 121 consultation with a member of our team to ensure you are doing the safest and most effective exercises.		

Your Overall Goals (next 3 months)

Informed Consent

I understand that this physical activity programme may include exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscles, joints and bones) and to improve body composition. I understand that it is my responsibility to inform the instructor of any health problems, injuries, pregnancy's or recent pregnancies or any other health conditions that is relevant to me exercising.

In the event that medical clearance must be obtained prior to my participation in the exercise programme, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise programme.

I understand that I am responsible for monitoring my own condition throughout any exercise programme. Should any unusual symptoms occur I will stop my participation and inform my instructor of the symptoms immediately. I also understand that I may discontinue the sessions at any time due to adverse symptoms and that I should inform my instructor accordingly. In signing the consent form I affirm that I have read this form in its entirety and that I understand the nature of the practical exercise sessions.

Please note: If your health changes so that you then answer YES to any of the above questions, tell the instructor.

'I have read, understood and completed this questionnaire and I understand the informed consent. Any questions I had were answered to my full satisfaction.'

Instructor's Name	
Client's Signature	
Date	

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the questions.

Source: Physical Activity Readiness Questionnaire (PAR-Q) 2002. The Canadian Society for Exercise Physiology.