PAR-Q Form

HAYLEYHURDLE FITNESS

Full Name: _____ Date: _____

Address: _____

_____

Contact Number: _____ Date of Birth: _____

Age: _____ Height: _____ Weight:_____ Gender: _____

Are you happy to be sent information, news and updates by e-mail? Yes ☐ No ☐

E-Mail Address: _____

In Case of Emergency, contact: _____

Relationship: _____ Contact Number: _____

Registered Doctor's Surgery: _____ Doctor: _____

Address: _____

_____ Phone: _____

Are you currently under a doctor's care: Yes ☐ No ☐

If yes, please explain:

_____

_____

When was the last time you had a physical examination? _____

Have you ever had an exercise stress test: Yes ☐ No ☐

If yes, what were the results: _____

_____

Do you take any medications on a regular basis? Yes ☐ No ☐

If yes, please list medications and reasons for taking: _____

_____

Have you had a stay in hospital over the past 12-months? Yes ☐ No ☐

If yes, please explain: _____

_____

Please turn over

Do you smoke?	Yes ☐	No ☐
Are you pregnant?	Yes ☐	No ☐
Do you drink alcohol more than three times/week?	Yes ☐	No ☐
Is your stress level high?	Yes ☐	No ☐
Are you moderately active on most days of the week?	Yes ☐	No ☐

Do you have:

High blood pressure?	Yes ☐	No ☐
High cholesterol?	Yes ☐	No ☐
Diabetes?	Yes ☐	No ☐

Have parents or siblings who, prior to age 55 had:

A heart attack?	Yes ☐	No ☐
A stroke?	Yes ☐	No ☐
High blood pressure?	Yes ☐	No ☐
High cholesterol?	Yes ☐	No ☐
Known heart disease?	Yes ☐	No ☐
Rheumatic heart disease?	Yes ☐	No ☐
A heart murmur?	Yes ☐	No ☐
Chest pain with exertion?	Yes ☐	No ☐
Irregular heart beat or palpitations?	Yes ☐	No ☐
Lightheadedness or do you faint?	Yes ☐	No ☐
Unusual shortness of breath?	Yes ☐	No ☐
Cramping pains in legs or feet?	Yes ☐	No ☐
Emphysema?	Yes ☐	No ☐
Other metabolic disorders (thyroid, kidney, etc.)?	Yes ☐	No ☐
Epilepsy?	Yes ☐	No ☐
Asthma?	Yes ☐	No ☐
Back pain: upper, middle, lower?	Yes ☐	No ☐
Other joint pain?	Yes ☐	No ☐
Muscle pain or an injury?	Yes ☐	No ☐
Any other underlying health condition?	Yes ☐	No ☐

If you have answered yes to any of the above, please provide further details:

_____

_____

_____

To the best of my knowledge, the above information is true.

Signature: _____

Print Name: _____

Date: _____