



Name: _____
Email Address: _____
Phone: (Home) _____
(Work) _____
(Cell) _____
Date of Birth: _____
Doctor (Name & Contact): _____
Emergency Contact (Name & Contact): _____

Physical Activity Readiness Questionnaire (PAR-Q)

This form is used to identify if it is safe for you to commence a Back In Motion Physiotherapy & Pilates Class.

Please read the questions carefully and answer each one to the best of your knowledge.

YES **NO**

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever said that you have a heart condition or have you ever suffered a stroke? Yes, _____ |
| _____ | _____ | 2. Do you feel unexplained pain in your chest at rest or when you do physical activity? Yes, _____ |
| _____ | _____ | 3. Do you ever lose your balance because of dizziness during physical activity? Yes, _____ |
| _____ | _____ | 4. Have you had an asthma attack requiring medical attention at any time over the last 12months? Yes, _____ |
| _____ | _____ | 5. If you have diabetes, have you had trouble controlling your blood glucose at any time over the last 6months?
Yes, _____ |
| _____ | _____ | 6. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
Yes, _____ |
| _____ | _____ | 7. Are you pregnant? If YES how far along are you?
Yes, _____ |
| _____ | _____ | 8. Do you have any other medical condition that may make it dangerous for you to participate in exercise?
Yes, _____ |

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, please discuss them in full with your Instructor and they will advise you as to the best action to take. It may be that you are required to consult with your GP for clearance & advice.

This form is also consent to participate and by signing it you are agreeing to partake in Back In Motion Physiotherapy & Pilates exercises at your own risk.

Print Name

Signature

Date

Please Note:

Back In Motion is committed to providing and maintaining a safe and healthy workplace and therapy place for all staff and visitors.

Back In Motion will take responsibility for health and safety procedures, however, clients and visitors need to be aware of their responsibilities, to themselves and others, in order to keep themselves safe.

Each client or visitor is asked to take every reasonable step practicable to maintain a safe and healthy environment.

You are required to comply with the following requirements:

- Follow correct procedures and equipment use as prescribed by your Pilates Instructor
- Report any pain/discomfort/illness as soon as possible
- Report to your Pilates Instructor if you are pregnant or have a change in medical condition/injury which may impact on your ability to take part in the programme
- Ensure all accidents and incidents on this site are reported to your Pilates Instructor
- Follow your Pilates Instructor's directions in an emergency (fire/earthquake/other)
- Ensure that children do not play on equipment or enter areas that may be hazardous
- Notify your Pilates Instructor if you believe any equipment is faulty