FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PAR-Q (PHYSICAL ACTIVITY READINESS QUESTIONNAIRE)

Being more active is safe for most people. However, some people should check with their doctor before they increase their physical activity. If you are planning to become more physically active than you are now, start by answering the questions in the box below.

YES	NO	QUESTION
☐	☐	Has your physician diagnosed you with a heart condition and that you should only do physical activity recommended by a doctor?
☐	☐	Do you feel pain in your chest when you do physical activity?
☐	☐	In the past month, have you had chest pain when you were not doing physical activity?
☐	☐	Do you lose your balance because of dizziness or do you ever lose consciousness?
☐	☐	Do you have a bone or joint problem (i.e. hip, knee, shoulder, back, lower back, neck) that could be made worse by a change in your physical activity?
☐	☐	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
☐	☐	Do you know of any other reason why you should not participate in physical activity?

YES
to one or more questions

- Talk with your doctor BEFORE you increase physical activity and BEFORE you have a fitness assessment. Tell your doctor about the PAR-Q and which questions you answered YES.
- Talk with your doctor about the kinds of activities you wish to participate in and follow his/her recommendations.

NO
to all questions

If you answered NO to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active.
- Begin slowly and build up gradually. This is the safest way to go.
- Take part in a fitness assessment. This is an excellent way to determine your baseline fitness.

CAUTION

- If you are not feeling well because of a temporary illness such as cold or a fever, delay physical activity until you feel better.
- If you are or may become pregnant-Talk to your doctor before starting an exercise program.
- If your health changes so that you can answer YES to any of the above questions, discontinue physical activity until you consult your physician. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: The Randolph YMCA and their agents assume no liability for person(s) who undertake physical activity, and if it doubt after completing this questionnaire, consult your doctor prior to physical activity.

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RANDOLPH YMCA

Initial Consultation Intake Form

Name: _____ Date: _____

Primary Phone #:_____ Age: _____

Email _____

Height: _____Weight: _____

YES	NO	QUESTION
☐	☐	Are you currently under a doctor's care?
☐	☐	Do you take medications on a regular basis? Please provide a complete list at your initial consultation Please list: _____ _____ _____
☐	☐	Have you been recently hospitalized?
☐	☐	Do you smoke?
☐	☐	Do you drink alcohol more than 3 times per week?
☐	☐	Is your stress level high?
☐	☐	Are you moderately active on most days of the week?
☐	☐	Do you have high cholesterol?
☐	☐	Do you have diabetes?
☐	☐	Do you have epilepsy?
☐	☐	Do you have asthma?
☐	☐	Do you have back pain?
☐	☐	Do you have joint pain?
☐	☐	Do you have unusual shortness of breath?

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☐	☐	Are you pregnant?
☐	☐	Do you have an irregular heart beat or palpitations?
☐	☐	If this is for an aquatic session, can you swim?

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

Signature_____ Date_____

All information will be kept confidential.

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Aquatic Rehabilitation/Personal Training Policies

1. Please be ready to begin each training session at the scheduled appointment time. If you arrive late, the training session will not be extended.
2. All sessions must be paid prior to training session.
3. A 24-hour cancellation notice to your instructor is required, should you need to cancel a training session. If a session is cancelled less than 24-hours prior, the client will be charged the full training amount and not have missed session credited to account.
4. Should you wish to reschedule an appointment, the trainer will do his/her best to accommodate your request. All requests must be made at least 24-hours in advance to your trainer.
5. All sessions purchased are non-refundable.

By signing below, I understand and agree to the above policies.

_____	_____	_____
Client's Name	Client's Signature	Date

_____	_____	_____
Trainer's Name	Trainer's Signature	Date

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Medical Clearance Form

Physician's Name_____ Phone # _____

Address _____ City, State & Zip _____

Your Patient, _____, has applied to participate in Aquatic Rehabilitation at the Randolph YMCA. Please provide any restrictions or medications your patient is currently taking which may affect his/her workout.

Please list any restrictions, modifications or recommendations for your patient's program:

_____

_____

Please list any medications & how they may affect your patient's workout:

_____

_____

Sincerely, _____

-- --

My patient, _____, has my approval to participate in a program with the above restrictions, modifications and recommendations.

Physician's Signature _____ Date _____

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