

BeneFIT

Physical Therapy

Par-Q Form

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Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their physician before they start becoming more physically active.

Please complete this form as accurately and completely as possible.

PAR-Q FORM	Please mark YES or No to the following:		YES	NO
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	___	___	___	___
Do you frequently have pains in your chest when you perform physical activity?	___	___	___	___
Have you had chest pain when you were not doing physical activity?	___	___	___	___
Have you had a stroke?	___	___	___	___
Do you lose your balance due to dizziness or do you ever lose consciousness?	___	___	___	___
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?	___	___	___	___
Are you pregnant now or have given birth within the last 6 months?	___	___	___	___
Do you have asthma or exercise induced asthma?	___	___	___	___
Do you have low blood sugar levels (hypoglycemia)?	___	___	___	___
Do you have diabetes?	___	___	___	___
Have you had a recent surgery?	___	___	___	___

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No
 If Yes, what is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

Please note: If your health changes such that you could then answer YES to any of the above questions, tell your trainer/coach. Ask whether you should change your physical activity plan.

I have read, understood, and completed the questionnaire. Any questions I had were answered to my full satisfaction.

Print Name: _____ Signature: _____

Date: _____