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## Health and Fitness Pre-Screening Questionnaire

I'd like to get to know you a little better and make this experience all it can be. Please fill in as much detail as you feel comfortable sharing. If you have questions, just ask. I don't share your information with anyone. And please answer honestly, because there are no right or wrong answers.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL HISTORY AND GENERAL HEALTH:

\_\_ do you smoke or are an ex-smoker (of \_\_\_\_\_ years)

Have you been diagnosed with:

\_\_ heart disease (if yes, explain) \_\_\_\_\_

\_\_ arthritis    \_\_ asthma    \_\_ diabetes    \_\_ osteoporosis

other medical conditions: \_\_\_\_\_

\_\_\_\_\_  
(eg. high cholesterol, high blood pressure, pre-diabetes)

Have you experienced any injuries?: \_\_\_\_\_

\_\_\_\_\_  
(eg. broken bones, bad back, knees, tendinitis, bursitis?)

Have you had surgery? Please detail: \_\_\_\_\_

Do you take any prescription medication? Please list:

\_\_\_\_\_  
\_\_\_\_\_

Your current weight: \_\_\_\_\_ lb. Your weight at 20: \_\_\_\_\_ lb.

Do you sometimes feel:

chest discomfort with exertion,  dizzy/faint,  blackouts

breathless,  ankle swelling,

aches or pain in your: \_\_\_\_\_

**Family history:**

Did your mother, father, sister or brother have a heart attack, stroke or heart surgery before age 55?

Yes /  No (if yes, please explain) \_\_\_\_\_

**General health/nutrition:**

I usually eat  meals a day. I eat breakfast  Yes /  No

I usually eat  servings of vegetables and fruit daily.

I eat at restaurants/get takeout  times a week.

I usually get  hours sleep each night

**Exercise/activity history**

Did you participate in sports as a child?  Yes /  No

Did you participate in sports as a teen?  Yes /  No

Did you participate in sports as an adult?  Yes /  No

Please provide details: \_\_\_\_\_

\_\_\_\_\_

**General activity level:**

Do you exercise/play sports regularly?  Yes /  No

Please provide details: \_\_\_\_\_

Approximate total \_\_\_\_\_ minutes a week

Your preferred exercise intensity is:  easy  moderate  hard

Have you worked with a personal trainer before?  Yes /  No

If you stopped, why?: \_\_\_\_\_

(eg. time? lost interest? injury? expense?)

**GOALS:**

I want to: (choose as many as applicable)

- improve health
- lose weight
- look better
- increase confidence
- prevent injury
- age better
- improve sports performance
- get stronger
- build muscle
- build endurance

other reason(s) \_\_\_\_\_

My short-term goal is to: \_\_\_\_\_

and I'd like to achieve this in \_\_\_ months.

My long-term goal is to: \_\_\_\_\_

and I'd like to achieve this in \_\_\_ months/years.

In addition to exercise I also want to \_\_\_\_\_  
(eg. improve nutrition, lose weight, quit smoking)

**BASIC-TRAINING.CA TERMS AND CONDITIONS and SESSION FEES:**

<b>Singles (one hour/for one person)</b>	<b>\$60</b>	<b>Ten sessions</b>	<b>\$540</b>
<b>Couples (one hour)</b>	<b>\$75</b>	<b>Ten sessions</b>	<b>\$675</b>

(Fees payable by e-transfer, cash, cheque at the end of the session. Minimum of 24 hours notice must be provided for no charge cancellation of booked session. Rates subject to change.)

**CONSENT FORM**

I have read, understood the above and completed the attached PAR-Q questionnaire. All PAR-Q answers were negative or I acknowledge that medical consent is required for any "yes" response.

I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as here-in indicated.

I agree to the Basic-Training.ca terms and conditions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# PAR-Q & YOU

## (A Questionnaire for People Aged 15 to 69)

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 doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>2. Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>3. In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>4. Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>7. Do you know of <u>any other reason</u> why you should not do physical activity?</b>

If  
you  
answered

### YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

### NO to all questions

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

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

#### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT  
or GUARDIAN (for participants under the age of majority) \_\_\_\_\_

WITNESS \_\_\_\_\_

**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 seven questions.**

