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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)
<pre>Have you been diagnosed with: heart disease (if yes, explain)</pre>	
arthritis asthma COVID di other medical conditions:	abetes osteoporosis
(eg. high cholesterol, high blood pressu	
Have you experienced any injuries?:	
(eg. broken bones, bad back, knees, tend	,
Do you take any prescription medication?	Please list:
Your current weight: lb. Your wei	ght at 20: lb.

Do you sometimes feel:					
chest discomfort with exertion, dizzy/faint, blackouts					
breathless, ankle swelling,					
aches or pain in your:					
<pre>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)</pre>					
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					
<pre>Have you worked with a personal trainer before? Yes / No If you stopped, why?:</pre>					
<pre>(eg. time? lost interest? injury? expense?)</pre>					

GOALS:			
I want to: (choose as many as app	plicable)		
improve health	lose we	∍ight	
look better	increas	se confidence	
prevent injury	age bet	tter	
improve sports performance	get st	ronger	
build muscle	build e	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/yea	ars.	
In addition to exercise I also was (eg. improve nutrition,			g)
2023 BASIC-TRAINING.CA TERMS AND	CONDITIONS a	and SESSION FER	ES:
Singles (one hour/for one person)	\$65	Ten sessions	\$585
Couples (one hour)	\$85	Ten sessions	\$765
(Fees payable by e-transfer, cash session. Minimum of 24 hours notice charge cancellation of booked session.	ce must be p	provided for no)
CONSENT FORM			
I have read, understood the above PAR-Q questionnaire. All PAR-Q an acknowledge that medical consent response.	swers were n	negative or I	ed
I fully understand the risks assorthe risk of bodily injury, heart but knowing these risks, it is my in indicated.	attack, str	oke or even dea	ath,
I agree to the Basic-Training.ca	terms and co	onditions.	

Date

Client Signature

Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

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 quide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

Common S	sense is :	your L	best guide when you answer these questions. Please read the quest	ONS Ca	arefully and answer each one honestly: Check 125 of No.			
YES	NO	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?							
		2.	Do you feel pain in your chest when you do physical activity?					
		3.	In the past month, have you had chest pain when you were not doing physical activity?					
		4.	Do you lose your balance because of dizziness or do you ever lose consciousness?					
		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?					
		6.	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?					
		7.	Do you know of <u>any other reason</u> why you should not do physical activity?					
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			• 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.					
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.		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.						
			The Canadian Society for Exercise Physiology, Health Canada, and their agents assume ar doctor prior to physical activity.	no liabili	ity for persons who undertake physical activity, and if in doubt after completing			
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 I	beina a	given to a person before he or she participates in a physical activity program or a fitn	ess appr	aisal, this section may be used for legal or administrative purposes.			

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.

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



or GUARDIAN (for participants under the age of majority)

SIGNATURE _

SIGNATURE OF PARENT _





DATE

WITNESS _