

REGISTRATION FORM & PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Please note all information provided will be treated as strictly confidential and will not be passed on to third parties. As part of our quality assurance policy we would like to be able to contact you after completion of your training programme to assess long term outcomes.

Please tick this box if you do not want us to contact you:

YOUR DETAILS:

Title: Mr / Mrs / Miss / Ms / Other:

Surname: Forenames:

Date of Birth: Age:

Home Address: Contact Numbers:
Home:
Work:
Mobile:

Email Address:

Height: Weight: Goal Weight:

NEXT OF KIN DETAILS:

Name: Relationship to you:

Address: Contact Number:

GP DETAILS:

Name: Contact Number:

Address:

REFERRAL SOURCE:
Please indicate how you heard about us:

CANCELLATION POLICY:
Please note that a discretional 100% cancellation charge will apply if you fail to give 24 hours notice of cancellation or if you fail to attend an appointment.

DECLARATION:

I accept full and final responsibility for the settlement of my accounts, and I understand that I will be charged a discretional 100% cancellation fee if I fail to give 24 hours notice or fail to attend an appointment.

Signed: Date:

Print Name:



Physical Activity Readiness Questionnaire (PAR Q) and You

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:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity? |

If you answered YES to one or more questions

Talk to 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 PARQ 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. 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.

If you answered NO honestly to all PARQ 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.

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.

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 professional or doctor. Ask whether you should change your physical activity plan.

PERSONAL / FAMILY HISTORY:

Please indicate if either you or any immediate family member (parents & siblings) have ever been diagnosed with any of the following, please tick the appropriate box.

		Self	Sibling	Parent
1	Cancer			
2	Diabetes			
3	Hypoglycaemia (low blood sugar)			
4	Hypertension (high blood pressure)			
5	Hypotension (low blood pressure)			
6	High cholesterol			
7	Cardiac disease			
8	Angina or chest pain			
9	Shortness of breath			
10	Stroke			
11	Kidney disease / stones			
12	Urinary tract infection			
13	Allergies			
14	Asthma / hay fever			
15	Rheumatic / scarlet fever			
16	Rheumatoid arthritis			
17	Lupus			
18	Hepatitis / jaundice			
19	Liver disease / cirrhosis			
20	Polio			
21	Chronic bronchitis			
22	Pneumonia			
23	Emphysema			
24	Tuberculosis			
25	Migraine / headaches			
26	Anaemia			
27	Ulcers / stomach problems			
28	Depression			
29	Anxiety / panic disorder			
30	Chemical dependency (alcohol, drugs)			
31	Arthritis / gout			
32	Haemophilia / slow healing			
33	Epilepsy			
34	Thyroid problems			
35	Multiple sclerosis			
36	Osteoporosis /osteopenia			
37	Other			

If you are presently on any medication, please list below:

Trainer's comments:

EXERCISE & SPORT HISTORY

1 Are there currently any injuries / illnesses / medical conditions preventing you from or limiting your participation in exercise? Yes No

If Yes please give details:

2 Do you regularly participate in physical activity, exercise or sport? Yes No

If No, please move on to Work History.

If Yes, please complete the following table and questions:

Activity (gardening, walking, running, gym, football, DIY, play with children, classes)	Duration (length of time you exercise for each episode)	Frequency (how often do you perform this type of exercise?)	Intensity (how hard you are working whilst exercising: high / moderate / low)

3 How many months / years have you been exercising regularly?

WORK HISTORY

1 Please indicate the number of hours you work per week: hours

2 What is your occupation?

3. Have you had a works tation assessment / risk assessment? Yes No

If Yes: When did the assessment take place?

What was the outcome?

Have the recommendations been implemented? Yes No

SPECIFIC GOALS

Have you ever made use of a personal trainer in the past?

Yes No

Reasons for leaving? Tick the appropriate responses.

Time constraints		Cost	
Work related		No real results obtained	
Location		Other	

What are your specific *fitness* goals? Tick all that apply.

Increase strength and endurance		Improve flexibility	
Improve cardiovascular fitness		Improve muscle tone	
Reduce body fat		Improve muscle mass	
Exercise regularly		Injury rehabilitation	
Sports conditioning		Other	

What are your specific *health* goals? Tick all that apply.

Reduce stress		Improve nutritional habits	
Control blood pressure		Control cholesterol	
Stop smoking		Active balance in life	
Improve productivity		Reduce back pain	
Feel better overall		Other	

What motivated you to train with the Better Body Shop? Tick all that apply.

Convenience	
Promotion	
Attended a health promotion	
Peer support	
Sporting fitness reason	
Medical reasons	
Other	

Please feel free to elaborate on more specific goals with dates:

Signed

Signed Trainer

Name

Reviewed – Programme Director

Date

Date