

Physical Activity Readiness Questionnaire

Name _____ DOB _____

Par-Q is designed to help yourself. Many health benefits are associated with regular exercise and the completion of Par-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard Par-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in assuring these few questions. Please read them carefully and check ___yes or ___no opposite the question if it applies to you.

Yes No

___ ___ Has your doctor ever said you have heart trouble?

___ ___ Do you frequently have pains in your heart or chest?

___ ___ Do you often feel faint or have spells of severe dizziness?

___ ___ Has your doctor ever said you blood pressure was to high?

___ ___ Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?

___ ___ Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?

___ ___ Are you over age 65 and not accustomed to vigorous exercise?
If yes or if you have cold or flu exercise should be postponed .

All answers are true to the best of my knowledge.

Signature

Date

Reviewed by _____

Trainer Name

Absolute Results
Personal Training Gym
Client History

NAME _____ DOB _____ SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE# _____ HOME _____ WORK _____ CELL _____

OCCUPATION/EMPLOYER _____

EMERGENCY CONTACT _____ NAME _____ PHONE# _____

REFERRING PHYSICIAN _____ PHONE# _____

HAS YOUR DOCTOR EVER RESTRICTED EXERCISE? YES NO IF YES PLEASE EXPLAIN _____

DATE OF LAST PHYSICAL _____ RESULTS OF PHYSICAL _____

HAVE YOU EVER HAD A STRESS TEST? YES NO RESULTS _____

DO YOU HAVE:

DIABETES? YES NO IF YES EXPLAIN _____

HIGH BLOOD PRESSURE? YES NO EXPLAIN _____

HEART PROBLEMS? YES NO EXPLAIN _____

IS THERE A FAMILY HISTORY OF HEART ATTACK? YES NO
IF YES PLEASE LIST RELATION AND AGE OF HEART ATTACK _____

ALLERGIES? YES NO EXPLAIN _____

HAVE YOU EVER HAD:

SURGERY? YES NO IF YES EXPLAIN _____

SEIZURES? YES NO IF YES EXPLAIN _____

HEAD INJURY? YES NO IF YES EXPLAIN _____

ARE YOU TAKING ANY MEDICATION? (INCLUDE OVER THE COUNTER MEDICINE) YES NO
PLEASE LIST _____

DO YOU SMOKE? YES NO IF YES HOW MANY CIGARETTES A DAY? _____

DO YOU DRINK ALCOHOL? YES NO IF YES HOW OFTEN AND HOW MUCH? _____

ARE YOU OR COULD YOU BE PREGNANT? _____

IS THERE ANY OTHER HEALTH ISSUE NOT LISTED THAT WE SHOULD BE AWARE OF? _____

HOW OFTEN DO YOU EXERCISE? _____

I have completed this form to the best of my ability. All answers are accurate and complete.

Signature _____ Date _____

Reviewed by _____
Trainer Name

Gym Etiquette and Safety Rules

1. MEMBERS MUST SIGN IN AT THE FRONT DESK PRIOR TO EVERY WORKOUT.
2. NO OPEN TOE SHOES ON THE GYM FLOOR (i.e. flip flops, sandals).
3. PLEASE WORK IN WITH OTHERS. If another member needs the same machine you are working on please take turns using it. Rest between sets is necessary.
4. PUT EQUIPMENT IN IT'S PROPER PLACE.
5. DO NOT DROP OR BANG THE WEIGHTS!
6. 30 MINUTE LIMIT ON CARDIO MACHINES (If others are waiting).
7. PLEASE DO NOT ATTEMPT MORE ADVANCED EXERCISE WITHOUT PROPER INSTRUCTION
8. PLEASE HELP US KEEP THE GYM CLEAN. Throw all trash away and wipe the equipment after use.
9. PLEASE DO NOT LEAN ON THE MIRRORS.
10. NO STEROIDS! Our number one mission is to promote health not a "look" that is mistaken for health. Steroids have been proven to be health hazardous and are illegal. Their use is not condoned and cannot be tolerated at Absolute Results.

I agree to comply with all etiquette and safety rules.

Member initials _____

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MEMBER COPY

Absolute Results

Personal Training Co. and Gym

505-270-1528

Payment and Cancellation Policies

- 1). Absolute Results trainers work on a monthly retainer for clients that book standing workout sessions (A minimum of four pre-paid sessions per month). Thereafter payment will be due at the time services are rendered.
- 2). If you are late for your training session you will be trained for the remainder of the hour, and be billed for the full session.
- 3). You will be billed full price for same day cancellations.
- 4). Absolute Results will grant one emergency cancel per month for a 25% fee (of full session price) .
- 5). No refunds

I understand and accept these policies.

Signature

Date

DISCLOSURE

THE TRAINERS AT ABSOLUTE RESULTS ARE INDEPENDENT CONTRACTORS NOT EMPLOYEES OF ABSOLUTE RESULTS.

ACKNOWLEDGEMENT

I _____ ACKNOWLEDGE THAT THE
CLIENT NAME
TRAINERS AT ABSOLUTE RESULTS ARE INDEPENDENT
CONTRACTORS NOT EMPLOYEES OF ABSOLUTE RESULTS.

Signature

Date

Reviewed by _____

Trainer Name