

Pilates Physical Activity Readiness Questionnaire (PARQ)

(Held In-Confidence Once Completed)

Full Name: D.O.B:

Contact Phone #: Email:

Emergency Phone #:

Home Address:

Pilates Class Location:

Regular physical activity can be enjoyable and healthy, and for most people does not pose a problem.

This questionnaire is designed to identify the small number of people for whom Pilates exercise may be inappropriate. Please circle **Yes** or **No** in answer to the following questions.

Has a doctor said that you have a heart condition, high blood pressure or circulatory problem? **Yes/No**

Do you have diabetes? **Yes/No**

Do you suffer from epilepsy? **Yes/No**

Do you ever experience pain in your chest when exercising or at rest? **Yes/No**

Do you ever feel faint or suffer from dizzy spells? **Yes/No**

Do you have back pain or joint conditions that could be exacerbated by exercise? **Yes/No**

Do you have asthma? **Yes/No**

Have you had any surgery in the past year that may affect your physical activity? **Yes/No**

Do you have any other condition or injury that could be exacerbated by exercise? **Yes/No**

Do you have a joint problem that could be made worse by exercise, weak wrists Injury to shoulder, whiplash to neck? **Yes/No**

Do you have a bad back, lower back pain, herniated disk? **Yes/No**

Are you pregnant or have you had a baby in the last 6 months, if yes have you been checked at the doctors for muscle separation? **Yes/No**

Have you ever had treatment for a back problem, slipped disc, sciatica? **Yes/No**

Have you been referred to try Pilates for injury/rehabilitation by a medial professional? **Yes/No**

If so, who are you receiving treatment from?

Physiotherapist: - If so please give name and contact number:

Chiropractor - If so please give name and contact number:

Osteopath - If so please give name and contact number:

Any other professional:

Have you been given medical clearance to attend a Pilates Class? **Yes/No**

Are you suffering from any other medical problems that may affect your ability to exercise, osteoporosis, arthritis?
Yes/No

How do you rate your overall posture – give details?

- Excellent
- Average
- Poor
- Very Poor

Please provide additional details if necessary:

.....

.....

.....

.....

If you answered NO to all questions, please sign and date the declaration below.

If you answered YES to one or more questions please consult your doctor before starting Pilates classes, if you have not already.

If your health changes in the future, such that you answer YES to any of the above questions, please inform your Instructor immediately.

CANCELLATIONS – All cancellations are required a minimum of 24 hours in advance of the class start time, otherwise, the class will be charged at the normal rate.

Declaration:

I hereby confirm that I have read, understood and answered honestly the questions above and that I wish to participate in Pilates activities; which include, slow controlled exercises using resistance equipment and stretching. I understand and am aware that these are potentially hazardous activities that involve a risk of injury. I am voluntarily participating in these activities and using facilities with the knowledge of the risks involved.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared on the attached questionnaire) that would prevent my participation or use of facilities except as herein stated. I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in these activities without the approval of my doctor and do hereby assume all responsibility for my participation and activities.

Signature: _____

Print Name: _____

Date: _____