

Post Natal Physical Activity Readiness Questionnaire PAR-Q

Name:

Email Add:

Contact Tel No:

Please read carefully and answer each one honestly: check YES or NO.

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has your doctor ever said you have a heart condition <u>and</u> 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 a chest pain when you were not doing physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you lose you 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 (for example, back, knee, or hip) that could be made worse by a change in your physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your doctor currently prescribing medication for your blood pressure or heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you know of <u>any other reason</u> why you should not do physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please comment: _____ | | |
| _____ | | |

YES to one or more questions: You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

NO to all questions: You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from your current ability level. A full fitness appraisal can help to determine your fitness level.

Date baby was born: **Type of delivery:**

Did you have an episiotomy? Yes / No **Are you breast-feeding?** Yes / No

What are your sleep patterns like?

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Kirsty Doonan ~ Personal Fitness Trainer

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Dip in Personal Training & Sports Massage



Is there anything about your pregnancy or birth that you feel is relevant to your participation in an exercise programme? Yes / No *(if yes, please specify below...)*

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Please note your previous exercise history:

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Emergency Contact Details:

Contact Name:

Contact Tel No:

Midwife Name:

Midwife Tel No:

GP Name / Surgery:

“I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.”

| | |
|---------------|----------------|
| Clients Name: | Trainers Name: |
| Signature: | Signature: |
| Date: | Date: |

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GP Referral

Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.

| | |
|-------------------|-------|
| Client Signature: | Date: |
| GP Signature: | Date: |

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 7 questions.

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