



Physical Activity Readiness Questionnaire (PARQ)



Name: _____ Age: _____ Gender: _____

Contact number: _____ email: _____

Next of kin: _____ Contact number: _____

This PARQ is designed to help you to help yourself. Many benefits are associated with regular exercise and completion of the PARQ form 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 a problem or hazard. The PARQ has been designed to identify the small number of people for whom activity might be inappropriate or for those who should seek medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these questions.

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Y/N
Do you feel pain in your chest when you do physical activity?	Y/N
In the past month, have you had chest pain when you were not doing physical activity?	Y/N
Do you lose your balance because of dizziness or do you ever lose consciousness?	Y/N
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in physical activity?	Y/N
Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or heart condition?	Y/N
Do you know of any other reason why you should not do physical activity?	Y/N

If you have answered NO to all the above questions please sign below.

If you have answered YES to any of the above questions please tick the relevant box and sign below:

I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.

I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

You are advised to postpone entry into the programme if you feel unwell or have a temporary illness. You must inform your instructor of any changes to your health status, whilst engaged in your exercise sessions.

Client's signature: _____ Date: _____

Informed Consent



Informed consent form for exercise prescription

Programme objectives and procedures

I understand that the purpose of a Pilates session is to provide safe and individualised exercises to improve health and wellbeing. Exercise may include:

- Preparation phase activities
- Main section activities covering a range of mat Pilates exercises and techniques
- Closing phase activities

Potential risks

The Pilates session is designed to place a gradually increasing workload on the muscular systems and thereby improve function. The reaction of the muscular system to such exercise cannot always be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercises. These changes could relate to blood pressure or heart rate.

Potential benefits

I understand that a programme of regular exercise has been shown to be beneficial. Some of these benefits include:

- Improved muscular fitness and motor skills
- Improved flexibility
- Improvement in psychological function
- Improved posture, tone and shape
- Feeling of wellbeing
- Improved back care

The Pilates session has been explained to me and my questions regarding the session have been answered to my satisfaction. I understand that I am free to withdraw at any time.

The contact information obtained will be treated as private and confidential and only used to keep in contact with me via email providing updates to classes and not shared with any external parties. I would like to be informed via email of any news, offers and updates regarding JMM Pilates. YES PLEASE NO THANKS

Client's signature: _____ Date: _____