



The Kettleball Lady
P.O. Box 1154
Wenatchee, WA 98807
(509) 884-0717 or 433-8971
www.kettleballlady.com
kettleballady@yahoo.com

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

First Name _____ Last Name _____
Address _____ City _____ State _____
Zip _____ Home Phone _____ Cell _____ Date of Birth _____
Primary Care Dr. Address/Phone _____
EMail _____ Occupation _____ Emergency Contact _____

HEALTH HISTORY

Please read each question carefully. Circle yes or no in the space provided indicating that you understand what is recommended. Physical activity should not be hazardous for most people. The questions are designed to identify who should consult a physician prior to beginning a program of physical exercise.

1. Has a doctor ever said you have a heart condition and recommended medically supervised physical activity? YES NO
2. Do you have chest pain brought on by physical activity? YES NO
3. Do you tend to lose consciousness, feel faint, or have spells of dizziness? YES NO
4. Has your doctor recommended medication for blood pressure? YES NO
5. Do you have a bone or joint problem (such as arthritis) that could be aggravated by physical activity? YES NO
6. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against you exercising without medical supervision? YES NO
If yes, please explain _____
7. Are you over the age of 65 and not accustomed to vigorous exercise? YES NO
Is there anything else you feel I need to know before you exercise program is designed?
If yes, Please explain _____

Have you consulted your physician regarding increasing your physical activity and or performing a fitness assessment?

Please list any medications or dietary supplements you are currently taking

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



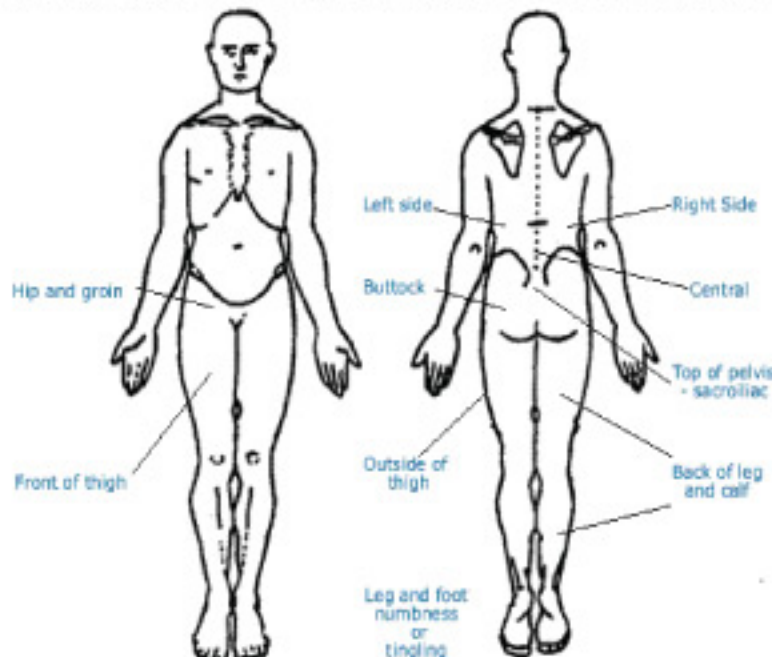
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PAGE 2 PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)
 Please check all medical conditions that apply

Heart Disease ____ Prostrate Disease ____ Gallbladder Disease ____ Cancer ____
 Diabetes, Type 1 or 2 ____ High Cholesterol ____ Asthma/Breathing/Lung ____ Ulcer ____
 High Blood Pressure ____ Surgeries last 6 months ____ Lung/Pulmonary ____
 Special diet ____ 20 lbs or more over ideal weight ____ Anorexia ____ Bulimia ____
 Compulsive eating ____ Anemia ____ Food Allergies ____ Cigarettes/Cigar/Pipe Smoking ____
 Arthritis ____ Osteoporosis ____ Bursitis ____ Muscle/Tendon/Joint ____ Knee pain ____
 Depression ____ Psychological Problems ____ Pregnant/Lactating/Trying to conceive ____
 Shoulder pain/injury ____ Foot injuries past or present ____ Low back pain in the last 6 months ____
 Heart problems, Chest Pain or Stroke in immediate family ____
 Any chronic condition that may be aggravated by lifting weights (hernia)? _____
 If so, what is the condition? _____
 Other medical issues or limiting factor(s) not listed? _____
 Anything monitored, if so, what? _____

Pain and Discomfort Diagram

Please Identify and Describe Any Areas of Discomfort: Onset: How did it start, (sudden trauma, gradual, etc.) Frequency, How often it bothers you, often or rarely? Type: Sharp pain, Tingling, Numbness, Severity, How bad is the pain? (Mild, Moderate, etc?)





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LIFE STYLE QUESTIONS

Do you eat 3 meals a day? YES NO
 Do you eat 5 servings of Fruits and Vegetables daily? YES NO
 Do you eat Fast Food? YES NO
 How many times a week? _____
 Eat Restaurant food? YES NO
 How many times a week? _____
 Eat Snacks? YES NO
 Drink Soft Drinks? YES NO
 How many per day? _____
 Smoke? YES NO
 Drink Coffee? YES NO
 Drink Alcohol? YES NO
 Watch TV? YES NO
 How many hours per day? _____
 Take Supplements? YES NO
 Get 7 hours sleep daily? YES NO
 Are you Married? YES NO
 Do you have children? YES NO
 Describe your occupation

RATE YOUR MOTIVATION

1 2 3 4 5 6 7 8 9 10

Body Fat % _____ BP _____ Hgt _____ Wgt _____

Goals _____

Reasons _____

For Staff Use Only

GOAL QUESTION

What is your primary fitness goal? _____
 Have you ever participated in a fitness program? YES NO
 If so, describe _____
 Did you get results? YES NO
 If so, Explain _____
 Were results permanent? YES NO
 On average, how long do you stick with a program before giving up? _____
 What was your reason for quitting? _____
 When did you decide to about getting in shape?

 What has prevented you from maintaining or achieving your fitness goals?

 When were you in the best shape of your life?

 What is your height? _____ weight? _____
 What did you weigh 5 years ago? _____
 What size do you wear today? _____
 What size did you wear 5 years ago? _____

Release and Waive of Liability

CLIENT'S KNOWLEDGEMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY FOR TRAINING WITH THE KETTLEBELL LADY

Client acknowledges that the personal training/fitness assessment here under includes participation in strenuous physical activities, including but not limited to aerobic movement, weight training, stationary bicycling, various aerobic conditioning activities and various nutritional programs, Tai Chi Training and Kettleball training offered by The Kettlebell Lady. Client agrees to assume all risk and responsibility involved with participation in all physical activities. Client affirms that he/she is in good physical condition and does not suffer from any disability that would prevent or limit participation in all physical activities. Client acknowledges that participation will be physically and mentally challenging, and Client agrees it is his/her responsibility to seek competent medical or other professional advice, regarding any concerns involved with the ability to take part in The Kettlebell Lady's physical activities. Client agrees to assume all risks in responsibility for exceeding his/her physical limits.

CLIENT SIGNATURE _____ DATE _____



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Authorization for Disclosure of Information

To Fitness Trainer - The Kettleball Lady - Leanne Wylet

You are hereby authorized to furnish information from the record of the individual named below in the _____ record system of your facility from their their health care provider.

Name _____

Address _____ City _____ Zip _____

Telephone Number/Cell Phone _____

Email address _____

Information needed most currently only to aide in setting up base line for safe, effective fitness program.

This authorization will terminate on year from the date of the signature.

Confidential Information

I understand that certain information in these records cannot be released without specific authorization because of federal or state laws . By signing the spaces below, I specifically authorize the release of the following confidential information to The Kettleball Lady, Leanne Wylet. I also authorize the information to be provided via telephone consultations.

Signature to release medical information related to setting up a safe, effective fitness training program as Federal Regulation, 42 CFR Part 2, requires a specific reason for release of information.

Please mail, email or Fax as soon as possible to contact information listed below.

Thank you.

The Kettleball Lady, Leanne Wylet, P. Box 1154, Wenatchee 98807
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