



# Aberdeen Pilates Studio

**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Telephone : \_\_\_\_\_ D.O.B. \_\_\_\_\_

Referred by : \_\_\_\_\_ Symptoms \_\_\_\_\_

What is your motive for seeking training if not referred? \_\_\_\_\_

Do you have any specific aims/goals you wish to achieve through your Pilates sessions? \_\_\_\_\_

Common sense is your best guide in answering these few questions. Please read them carefully and tick the answer 'Yes' or 'No' opposite the question as it applies.

	Yes	No
Has your doctor ever said that you have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have chest pain or breathing difficulties brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

Do you lose consciousness or lose your balance as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be aggravated by Pilates?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing medications for your blood pressure/ heart condition (e.g. diuretics or water pills) or any other medical condition relating to your ability to exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any ailments that you feel "Aberdeen Pilates Studio" should be aware of ? i.e. back problems, neck trauma, joints, etc.	<input type="checkbox"/>	<input type="checkbox"/>

If yes please give details \_\_\_\_\_

If you are currently seeing a chiropractor, physiotherapist or osteopath for your injury please give their details below:

If you are pregnant, you are advised to discuss your condition with your doctor before exercising.  
 If there are any changes in your status relative to the above questions, please bring this information to the immediate attention of "Aberdeen Pilates Studio"  
 I have read and understood the completed questionnaire.

Name (*Block Capitals*) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Tel Number \_\_\_\_\_