



Carlsbad Physical Therapy

## Physical Activity Readiness Questionnaire (PAR-Q) for ages 14-69

Name of participant \_\_\_\_\_ Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_

*For most people physical activity should not pose any problems or hazard. This Physical Activity Readiness Questionnaire (PAR-Q) has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.*

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?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7. Do you know of <u>any other reason</u> why you should not do physical activity?

*Adapted from Canadian Society for Exercise Physiology, Physical Activity Readiness Questionnaire, 2002*

**Based upon the above answers and your Medical History, you may be asked to have your physician complete the form below PRIOR to participating in Fitness Appointments.**

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### Physician's Release Form

My patient, \_\_\_\_\_, is medically healthy to participate in a fitness assessment/exercise program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Physician's Name

\_\_\_\_\_  
Physician's Phone Number

Restrictions/Comments \_\_\_\_\_

**Please sign/fax back to: 575-628-3073**