Lukki by Nature Coaching

Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy. Being more active is safe for most people. However, some people should check with their doctor before becoming much more physically active. Please answer the following questions honestly. **YES or NO.**

CLIENT DETAILS

Full Name: _____

Date of Birth: _____ **Date:** _____

Emergency Contact Name: _____ **Emergency Contact No.:** _____

Any known allergies: _____

PAR-Q HEALTH SCREENING QUESTIONS

1.	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	☐ YES	☐ NO
2.	Do you feel pain in your chest when you do physical activity?	☐ YES	☐ NO
3.	In the past month, have you had chest pain when you were not doing physical activity?	☐ YES	☐ NO
4.	Do you lose your balance because of dizziness, or do you ever lose consciousness?	☐ YES	☐ NO
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?	☐ YES	☐ NO
6.	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	☐ YES	☐ NO
7.	Do you know of any other reason why you should not do physical activity?	☐ YES	☐ NO

RESULTS

IF YOU ANSWERED YES to one or more questions: Talk with your doctor **BEFORE** you become more physically active or before having a fitness assessment. Tell your doctor about this questionnaire.

IF YOU ANSWERED NO to all questions: You can be reasonably sure that you can start becoming more physically active.

ADDITIONAL HEALTH INFORMATION

Do you smoke? ☐ **Y** ☐ **N** _____

Any current injuries or pain? _____

Current medications: _____

Your fitness goals: _____

Any previous exercise history: _____

DISCLAIMER

The information provided on this form is for the use of Lukki Lashley / Lukki by Nature Coaching only and will be kept confidential. This questionnaire is valid for 12 months from the date signed provided your condition does not change.

DECLARATION & SIGNATURE

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Client Signature: _____ **Date:** _____

Coach Witness: _____ **Date:** _____