



Fitness & Wellness Request

Today's Date:
MM/DD/YY
/ /

I am interested in participating in

Personal Training Partner Training Small Group Training

Pilates Reformer Wellness Coaching

Participant Information

Name (please print):	Email:	Birthdate: / /
Street Address:	Day Phone: ()	
City: State: Zip:	Evening Phone: ()	

Additional Participant Information (if applicable)

Name:	Phone Number:
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Trainer/Instructor Requested

Availability - List times/day below

Goals - List goals below

Current Physical Activity Level

How many days per week do you exercise? 0-1 2-3 4-5 6-7

How many minutes do you spend exercising per workout? 1-15 15-30 30-45 60+

Do you exercise in a gym or at home?

Why do you exercise? I don't It's good for my health It makes me feel good
 I'm trying to lose weight I'm required to exercise/my doctor told me too

Are you involved in a structured fitness program?

Wellness Coaching Questionnaire

If you are registering for Wellness Coaching please answer the following...

What other areas of wellness are you interested in working on?

- Fitness Nutrition Sleep Stress Management Work/Life Balance
 Habit Change Time Management Socialization
 Recreation/Hobbies Organization Other: _____



PAR-Q: Physical Activity Readiness Questionnaire

For most people physical activity should not pose any problem or hazard. The **Physical Activity Readiness Questionnaire** 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 when you answer these questions. Please read the questions carefully and answer each one honestly.

YES	NO	(Partner #1)
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said you have a heart condition AND that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example: water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of ANY OTHER REASON why you should not do physical activity?

YES	NO	(Partner #2 ~ If Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said you have a heart condition AND that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example: water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of ANY OTHER REASON why you should not do physical activity?

If you answered YES to questions 1, 2, 3, 4 or 7...

Talk with your doctor and have them fill out a **Report of Physical Examination** form (available at Guest Service) BEFORE you participate in a personal fitness training or fitness assessment. Tell your doctor about the PAR-Q and which questions you answered yes to.

If you answered NO to all of the questions you can reasonably be sure that you can...

- Start becoming more physically active, beginning slowly and building up gradually. This is the safest and easiest way to go.
- Take part in personal fitness trainer or fitness assessment appointment; this is an excellent way to determine your basic fitness so you can plan the best way for you to live actively.

You should delay becoming more physically active if you are not feeling well because of temporary illness such as a cold or fever OR if you are or may be pregnant. Please consult your physician before coming physically active.