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HEALTH QUESTIONNAIRE

(All information is held in strict confidence)

Name _____ M / F DOB: _____

Home Address _____

City/Town _____ Postal Code _____

Tel# & e-mail _____

Occupation and/ other important roles i.e. mother, father, daughter, son,
sister, brother, spouse, etc. _____

Reason(s) for starting this program: _____

Physical Activity Readiness Questionnaire PAR-Q: For most people physical activity should not pose any problem or hazard. 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.

YES/ NO (please circle)

1. Has your doctor ever said you have heart trouble? Y / N
2. Do you frequently have pains in your heart and chest? Y / N
3. Do you often feel faint or have spells of severe dizziness? Y / N
4. Has a doctor ever said your blood pressure was too high? Y / N
5. Has your doctor ever told you that you have a bone or joint problem such as low back pain, knee, shoulder, elbow, wrist pain & / previous injury to any of the above, that has been aggravated, or might be made worse with exercise? Y / N
6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Y/N
7. Are you over age 65 and not accustomed to vigorous exercise? Y / N

If you answered YES to one or more questions... if you have not recently done so, consult with your personal physician before increasing your physical activity.

If you answered NO to all questions... You are ready to begin:

Name _____ Signature _____

Witness _____ Today's Date: _____