

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> 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 (for example, back, knee or hip) 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 <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

Informed Consent/Release Form

I, _____, have enrolled in a movement therapy with Michelle Mark.

I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this movement program.

I, _____, in consideration of my participation in this exercise program, for myself, my heirs and assigns, hereby release Michelle Mark from any claims, demands and causes of action arising from my participation in the exercise program.

I understand that there are potential risks to physical activity, evaluation and testing and that through my participation in activities I could be exposed to an injury. I _____ hereby release and hold harmless Michelle Mark from any liability with respect to me or my property arising out of or connected with partaking in private instruction or group instruction with Michelle Mark. I _____ hereby release and hold harmless Michelle Mark from any liability now or in the future from, but not limited to, heart attacks, strokes, muscle strains, pulls or tears, broken bones, shin splints, heat injury, knee/lower back/foot/elbow/neck/wrist/hand/ankle injuries, and any other illness, soreness, or injury however caused, occurring during or after my participation in the movement program. I am aware these injuries may occur even though myself and others will be taking care to avoid these injuries. I will inform Michelle Mark if any problems arise during tests or activities. At any time I may withdraw my consent and terminate my participation in the activities stated above.

I hereby affirm that I have read and fully understand the above information.

Signature

Date

Witness _____

1. PURPOSE AND EXPLANATION OF PROCEDURE

I hereby consent to voluntarily engage in an acceptable plan of private or group activity. I also give consent to be placed in personal/small group programs that are recommended to me for improvement of my general health and well being. These may include stress management, and health/fitness education. Depending on my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, diet, stress management and other health/fitness-related programs. If I am prescribed medications, I have already so informed the program staff and further agree to inform them promptly of any changes my doctor or I make with regard to the use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of the program.

I have been informed that during my participation in this personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personnel of my symptoms. I hereby state that I have been so advised and agree to inform the personnel of my symptoms, should any develop.

I understand that while I exercise, an instructor will assess my feelings of effort for the purposes of monitoring my progress. I also understand that the instructor may reduce or stop my program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my program, physical touching and positioning of my body if necessary to assess my muscular and bodily reactions to specific movements, as well as ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for these reasons.

2. RISKS

I understand and have been informed that there exists the remote possibility of adverse changes occurring during movement including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke or even death. I further understand and have been informed that there exists the risk of bodily injury including, but not limited to, injuries of the muscles, ligaments, tendons, and joints of the body. I have been told that every effort will be made to minimize these occurrences by proper staff assessments of my condition before each session, by staff supervision during sessions, and by my own careful control of efforts. I fully understand the risks associated with movement, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. BENEFITS TO BE EXPECTED & AVAILABLE ALTERNATIVES TO EXERCISE

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the sessions in private sessions will allow me to learn proper ways to perform movements, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various activities.

4. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information obtained in sessions will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as same does not identify me or provide facts that could lead to my identification. I also agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctors, physiotherapists, RMTs. Any other information obtained, however, will be used by the staff in the course of prescribing movement for me and evaluating my progress.

I AGREE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

Signature _____ Date _____

Witness _____ Date _____

***Please note: Your signature MUST BE WITNESSED by someone other than Michelle Mark in order for this form to be accepted. In the event it is not witnessed, ALL PROGRAMS OR ACTIVITIES WILL BE POSTPONED.**

Cancellation and other policies

I, Michelle Mark (**Village Fit**) appreciate that my clients lead busy lives with numerous commitments. I understand that that may be the odd occasion where a scheduled session will need to be changed and will do my best to accommodate these situations. There are however, some policies that I enforce to keep clients on track and avoid frustrating situations where valuable time is wasted.

24 hours notice is required if you are unable to attend a training session. If less than 24 hours notice is given, that session will be counted and the client will be charged.

I have read and understood these terms _____ (initial)

As many sessions are booked back to back, it is important to be **on time** for the session. If you arrive late for a session it will still end at the scheduled time. If the instructor arrives late, you will receive a full hour.

I have read and understood these terms _____ (initial)

Dress appropriately for the type of activity that you will be engaged in. Please wear appropriate **footwear** (no sandals), long hair in a ponytail, clothing should be comfortable. Bring a **Water Bottle**.

I have read and understood these terms _____ (initial)

Eat before you come. Proper nutrition is the foundation of a healthy body. Working out on an empty stomach may cause dizziness and premature fatigue.

I have read and understood these terms _____ (initial)

I have answered the questions on the **Medical/Par-Q form** to the best of my knowledge. I understand that medical clearance is required if I have any medical problems and have answered yes to any questions on the medical release form.

I have read and understood these terms _____ (initial)

I understand that should I feel lightheaded, faint, dizzy, nauseated or experience pain or discomfort that I am to **stop the activity** and inform my instructor.

I have read and understood these terms _____ (initial)

I understand that the results of any program **cannot be guaranteed** and that my progress depends on my effort and cooperation in and outside of the session.

I have read and understood these terms _____ (initial)

Cancellation and other policies (cont'd.)

I understand that it is my responsibility to inform my instructor of any conditions or **changes in my health** that occur which might affect my ability to participate safely and with minimal risk of injury.

I have read and understood these terms _____ (initial)

I understand that I am solely responsible for supervising and guarding the health and safety of my child at all times (if applicable). I hereby release and waive for myself, and on behalf of my child, my heirs, any and all rights to claims from damages arising from any illness, injury, occurrence or aggravation to myself or my child as a result of participation in or connection with Michelle Mark's Policies.

I have read and understood these terms _____ (initial)

I hereby release any or all photographs, digital images or video taken at classes of myself, or my child for marketing or instructional purposes.

I have read and understood these terms _____ (initial)

Our commitment is to help you to reach your health and fitness goals; by adhering to the above, we **can** make it happen!

I understand and accept the policies as set out above.

Signature Date Instructor Date

***** FYI, TO BE SIGNED IN PERSON

Medical Background/Waiver

Name _____ Date _____
 Phone _____ Physician Name and ph# _____
 Sex _____ Age _____ Date Of Birth _____
 Does your physician know you are participating in this exercise program? _____
 Emergency contact _____ Phone _____ Relationship _____

	Yes	No
Have you ever had heart surgery or a heart attack?		
History of heart problems, chest pain or stroke?		
Have you ever had chest pain during physical activity?		
Do you tend to lose consciousness or lose balance as a result of dizziness?		
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?		
Do you have bone or joint problems that could be aggravated by the proposed physical activity?		
Do you have difficulty walking up or down stairs?		
Are you taking any medications or drugs presently? If yes, elaborate below		
Increased blood pressure?		
Any chronic illness or condition?		
Difficulty with physical exercise?		
Advice from physician not to exercise?		
Recent surgery?		
Are you pregnant now or have given birth in the past six months?		
History of breathing or lung problems?		
Muscle, joint, back disorder?		
Any previous injury still affecting you?		
Diabetes or thyroid condition?		
Cigarette smoking habit?		
Increased blood cholesterol that you know of?		
History of heart problems in the immediate family?		
Occasional dizziness or fainting spells?		
Hernia, or any condition that may be aggravated by lifting weights?		
Are you aware through your own experience or the doctor's advice – of any physical reason why you should not exercise without medical approval?		

Please elaborate on any "yes" answers _____

If you answered "yes" to any of the first six questions – please see your physician before starting any physical activity and return with a physicians note with specifics and limitations.

Medications _____

I have answered the medical background questions above truthfully, and understand there are inherent risks involved in any exercise but this is my informed consent to continue.

Signature: _____ Date _____ Witness _____

Lifestyle Questionnaire

Please take your time and give thought to each question before you answer. The more detailed and accurate your responses, the better service we can provide. You are not required to answer any other questions and all information will be kept confidential.

Occupation:

What is your occupation?

—

With respect to *physical* activity, how would you classify your work?

Very active Reasonably active Light activity Sedentary

How often is your job mentally stressful?

Always Frequently Seldom Never

Physical Activity:

How would you describe your fitness level?

Excellent Good O.K. Fair Poor

How often do you take part in physical activity? (minimum 15 minute sessions)

6-7 times/week 4-5 times/week 2-3 times/week less than 2 times/week

In what activities do you participate? (e.g. hiking, walking, basketball, etc.) _____

What activities would you like to become involved in? (e.g. tennis, triathlons, aerobics, etc.)

Wellness:

How do you typically feel? (Choose one or more)

Healthy Fit Sickly Tired Low Energy High Energy

How do you feel about your body image?

Excellent Good O.K. Fair Poor

Please rate the following:

Self Esteem: Excellent Good O.K. Fair Poor

Self Motivation: Excellent Good O.K. Fair Poor

In general, rate your sleep in terms of:

Hours/night: _____ (Weekends too? Yes No If no, _____ hours)

Restfulness: Excellent Good O.K. Fair Poor

What are two major stresses in your life?

Additional Questions

What are you hoping I can help you with? (ie: learning hypopressives, decreasing pain in... etc.)

What other modalities are you currently doing?

POSTPARTUM SPECIFIC QUESTIONS

What was your delivery date?

Vaginal or Ceasarean?

Complications?

How many children do you have? And dates of birth.

Any related and notable information I should be aware of prior to our visit?