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**LIBERTY PERSONAL TRAINING PAR Q (Physical Activity Readiness)**

**HEALTH & FITNESS PROFILE**

**Personal Trainer:** Libby Ferguson **Date:**

**CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Name:** | | **Email:** |
| **Phone number:** | | **Best time to call:** |
| **Height:** | **Weight:** | **Sex: Age:** |
| **Emergency Contact Name/Number/Relationship:** | | |

**MEDICAL HISTORY/LIFESTYLE**

|  |  |
| --- | --- |
| **Answer Yes or No** | **Yes / No** |
| **Are there any medical conditions now or in the past that would inhibit or prevent you from engaging in an exercise program now?** |  |
| **If Yes Details:** | |
| **Do you smoke?** |  |
| **Do you take any medications or supplements? If they may effect you physically please give details below:** |  |
| **Do you suffer from hip, shoulder or back pain? If yes please give details:** |  |
| **Have you ever had surgery? If yes please give details if it affects your ability to workout.** |  |
| **Have you ever broken any bones? If yes please give details below:** |  |
| **List medications/supplements or any additional notes about health history below:** |  |

**JOB & RECREATIONAL ACTIVITIES**

|  |  |
| --- | --- |
| **Answer Yes or No** | **Yes / No** |
| **Would you describe your job as mostly sedentary (long periods of sitting)?** |  |
| **Does your job require repetitive movement patterns?** |  |
| **Do you engage in recreational activities?** |  |

**On a scale of 1-10 with 10 being the maximum, rate your current level of stress at work.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What kind of recreational activities do you engage in? Do they typically involve physical activity?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXERCISE HISTORY (optional information - helpful to know)**

|  |  |
| --- | --- |
| **Answer Yes or No** | **Yes / No** |
| **Are you currently a gym member or have you been in the past?** |  |
| **Have you ever worked with a personal trainer before?** |  |
| **Has your spouse/partner been supportive of your fitness goals?** |  |

**Rate your exercise routines throughout your life. (1–5, 5 being very strenuous)**

**Age range: 15–20 \_\_\_\_ 21–30 \_\_\_\_ 31–40 \_\_\_ 41–50 \_\_\_\_ 50+ \_\_\_\_**

|  |  |
| --- | --- |
| **Answer Yes or No** | **Yes / No** |
| **Have you ever started an exercise program and stopped?** |  |
| **If you did stop, what was the reason why?** | |
| **Are you working out now?** |  |
| **What is your typical routine?** | |

**DIET AND NUTRITION (Need to know)**

**On a scale of 1-10 (with 1 being poor and 10 being excellent) how would you assess the quality of your eating habits? \_\_\_\_\_\_\_\_**

**Would you like any help or advice in changing the quality of your eating habits? \_\_\_\_\_ Do you follow any particular diet or eating patterns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GOALS**

|  |  |
| --- | --- |
| **Do you have current goals in your fitness regimen?** | **Short term (1-4 weeks):**  **Medium term (1 - 6 months):**  **Long term (6 months +):** |
| **How long have you had these goals?** |  |
| **Have you been able to achieve your goals? If not, what is your biggest obstacle?** |  |
| **If you were to achieve your fitness goals, how would that make you feel?** |  |
| **How much time are you willing to devote to achieving your fitness goals?** |  |
| **How do you think a personal trainer can assist you in accomplishing your aims?** |  |
| **What is your biggest obstacle to starting personal training today?** |  |

**I can confirm that I have answered all questions honestly and that the information given is correct. I give my consent for Liberty Personal Training to train me. I agree to notify Liberty Personal Training immediately of any changes to my health.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: This PAR Q becomes invalid should your condition change. Please notify Liberty Personal Training in writing of any changes.**