



**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.