



Par-Q Pre Exercise Questionnaire

Name _____ DOB _____

Address _____

Email _____

Phone work _____ Home _____

Mobile _____ Occupation _____

What results do you wish to achieve?

- | | | |
|--|--|--|
| <input type="checkbox"/> Reduce body fat | <input type="checkbox"/> Strength Training | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Reshaping | <input type="checkbox"/> Increase fitness |
| <input type="checkbox"/> Sports Conditioning | <input type="checkbox"/> Improve Muscle Tone | <input type="checkbox"/> Improve Flexibility |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Tone | <input type="checkbox"/> Other |

Where do you want to achieve your results?

- Thighs
 - Back
 - Lower Back
 - Stomach
 - Arms
 - Hips
 - Buttocks
 - Shoulder
 - Waist
 - Chest
 - Calves
 - Other
-

When would you like to achieve these results?

Why would you like to achieve these results?

How many days a week do you wish to exercise?

How long have you been thinking about it?

What has kept you from starting sooner?

On a scale from 1 – 10 how important is it for you to achieve your results?

1 2 3 4 5 6 7 8 9 10

Why is it so important for you to achieve these results?

Do you smoke? Yes No

Are you pregnant? Yes No

Have you ever had or experienced?

- | | | |
|--|--|---|
| <input type="checkbox"/> Heart trouble/
history | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Pain in the chest | <input type="checkbox"/> Asthma | <input type="checkbox"/> Sports injury |
| <input type="checkbox"/> Faint or dizzy spells | <input type="checkbox"/> Bone or joint
problems | <input type="checkbox"/> Depression |
| <input type="checkbox"/> High Blood
Pressure | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Other _____
— |

*I understand that **R.E.P.S Personal Training, LLC** is not able to provide me with medical advice with regard to any medical conditions I may have and that this information is used only as a guideline to the limitations of my ability to exercise. I will not hold **R.E.P.S. Personal Training, LLC** liable in any way for any injuries that may occur while I am training.*

Signed _____ Date _____ / _____ / _____

Your PT _____