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| --- | --- |
| **Name:**  | **Date of birth:** |
| **Address:**  **Post code:** | **Emergency contact details: name/telephone/mobile number:** |
| **Contact email/mobile:** |
| **Do you have a disability, No Yes (if yes, please state;)** |
| 1. **Physical Activity Readiness Questionnaire (PAR-Q)**

**The questions will show if you need to see a doctor before exercise** | **If you answered YES to One or More questions in Q1:**You may need to talk with your doctor about the PAR-Q before you start. Please remember:* C:\Documents and Settings\User\Local Settings\Temporary Internet Files\Content.IE5\CPCK01H7\MC900432537[1].pngStart slowly
* Stick to activities that are safe for you
* Get doctor’s stamp

Doctors NameDoctors signatureStamp |
| Has your doctor ever said that you have a heart condition? Please specify: | **Yes** | **No** |
| Do you feel pain in your chest when you exercise? | **Yes** | **No** |
| In the past month, have you had chest pain when you were not doing exercise? | **Yes** | **No** |
| Do you lose your balance feeling dizzy? | **Yes** | **No** |
| Do you have a bone problem that could be made worse by exercise? Please specify: | **Yes** | **No** |
| Is your doctor currently prescribing you any medication? Please specify: | **Yes** | **No** |
| Do you know of any other reasons why you should not exercise? | **Yes** | **No** |
| Has your Doctor given you medical clearance to participate in exercise? | **Yes** | **No** | **If you answered NO to all the questions Q1:**This means that the PAR-Q is all clear. You can take part in our exercise.* C:\Documents and Settings\User\Local Settings\Temporary Internet Files\Content.IE5\4943W27C\MC900434713[1].wmfGradually increase intensity
* Rest and recover
* Eat a balanced diet
 |
| **Do you have any support needs? Please specify:** |
| **Do you need any information/advice on any of the following issues? Tick any that apply**Smoking cessation Alcohol reduction Healthy eatingOn-going physical activity Mental health and well-being |

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| **Disclaimer** We at Healthiness Ltd are here to keep you safe and make sure you use equipment correctly. It is your responsibility to listen to instructions from staff for your own safety. I …………………………. **hereby release** **Healthiness Ltd and my Medical Practitioner/Care Team**from all claims, demands, damages and rights of action. I also assume full responsibility for any injuries or damages which may occur during the exercise classes. I will inform the Healthiness team of my medical condition. I will also tell Healthiness about any medication I am taking and any medical problem that I may have.   Signature of Client  ..………………………………………………………………… Date …/....…/…… Signature of Witness  ..………………………………………………………………………   Date ……/....…/……  |

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| **Ethnicity:** **White: English, Welsh, Scottish, British, Northern Irish Irish Gypsy or Irish Traveller Other white background**  | **Employment status, please state:** |
| **Black/ African/ Caribbean/ Black UK: African Caribbean****Other Black/ African/ Caribbean background**  | **Gender:**  **Male Female Other (please state)** |
| **Mixed/ Multiple ethic group:** **White and Black Caribbean** **White and Black African White and Asian** **Other Mixed background** | **Sexuality:** **Heterosexual Gay woman/Lesbian Gay man Bisexual Prefer not to say Other (please state)**   |
| **Other ethnic group: Arab** **Other Ethnic background Asian/ Asian UK**  | **Faith/Religion/Belief:** **No religion or belief Christian Buddhist Hindu Jewish Muslim Sikh Prefer not to say** **Other (please state)** |
| **Asian/ Asian UK: Indian Pakistani Bangladeshi**  **Chinese Other Asian background** |