



Soulstice Pre-exercise medical questionnaire

Name:..... Age:..... Gender:.....

Address:..... Post Code:.....

Phone Work :..... Home:..... Mobile:.....

Emergency contact details Name: Phone:.....

1. Has a doctor ever said you have a heart condition and you should only participate in medically supervised physical activity?
2. Do you have or feel chest pain during physical activity?
3. Have you had chest pain in the last month when you weren't doing physical activity?
4. Do you experience loss of balance due to dizziness, or do you lose consciousness?
5. Are you taking any medication for your blood pressure (for example, water pills) or a heart condition?
6. Do you have an existing bone or joint problem (for example, back, hip or knee) that is likely to be made worse by physical activity?
7. Do you experience shortness of breath with mild exertion?
8. Do you suffer with palpitations?
9. Are you pregnant or have you given birth in the last 6 weeks?
10. Do you have diabetes mellitus?
11. Do you know of any other reason why you should not exercise?

YES	NO

Notes:

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If you have answered yes to one or more of the questions above, you should consult your doctor before becoming more physically active.

Risk factors to CAD

- 112. Is your blood pressure known to be high?
- 313. Is your cholesterol level known to be high?
- 14. Do you smoke or have you quit in the previous 6 months?
- 15. Is there history of heart disease in your immediate family, specifically myocardial infarction (heart attack) or sudden death before the age of 55 years in your father or other male first-degree relative (your brother or son), or before the age of 65 years in your mother or other female first-degree relative (your sister or daughter)?
- 16. Do you carry excessive fat around your waist (male's waist girth greater than 102 cm and female's waist girth greater than 88cm)?
- 17. Do you have impaired glucose fasting?

YES	NO

QUESTIONS 12 – 17

If you answered YES to 2 or more of the CAD questions between 11 and 17, or you are a man aged 45 years or older or a woman aged 55 years or more and have answered YES to one or more of the CAD questions, for safety reasons your exercise programme will be restricted to a moderate intensity unless consent has been given by a doctor for you to work at a higher intensity. Moderate intensity is generally defined as an intensity that can be comfortably sustained for a prolonged period of (45 minutes or so) and is non-competitive.

Notes:

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

Date.....

Signature of client.....

Witness.....



Soulstice Informed Consent Form

I hereby state that I have read, understood and answered honestly the questions on the PAR-Q. I wish to participate in physical activities that may include aerobic exercise, resistance exercise and flexibility exercises. I realise that in participating in these activities I may be at risk of injury and even the possibility of death. I hereby confirm that I am participating voluntarily.

Client name _____

Client signature _____

Instructor name _____

Instructors signature _____

Date _____

Additional note: I confirm that I have taken medical advice and my doctor has agreed that I should exercise

Name _____

Signature _____

Date _____