

Physical Assessment of Readiness Questionnaire / PAR – Q 6/2020

Welcome! How were you referred to us? _____ Today's Date _____

Your info will not be shared or used for any other purpose other than programming, or to contact you re: Studio business.

Name _____ Cell _____ Home/Work Phone _____

E-Mail Address _____ Birthdate ____/____/____ = Age _____ Ht. ____ Wt. _____

Address _____ City _____

State ____ Zip _____ Emergency Phone _____ Occupation _____

	YES	NO
1. Has your doctor ever diagnosed a heart condition, and suggested that you avoid specific activity?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you perform physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, have you had chest pain when you were not performing any physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you know of any other reason why you should not engage in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

For the health and safety of our community, declaration of illness is required prior to exercise. Be sure that the information you give is accurate and complete. Please get immediate medical attention if you have any of the severe COVID-19 signs.

Check anything you've experienced in the last 14 days.		YES	NO		
• Fever 100F +	<input type="checkbox"/>	<input type="checkbox"/>	• Non-allergy related runny nose	<input type="checkbox"/>	<input type="checkbox"/>
• Unexplained body aches/pains	<input type="checkbox"/>	<input type="checkbox"/>	• Digestive issues like diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
• Dry Cough	<input type="checkbox"/>	<input type="checkbox"/>	• Chills with or without aches	<input type="checkbox"/>	<input type="checkbox"/>
• Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	• Unusual fatigue	<input type="checkbox"/>	<input type="checkbox"/>
• Unexplained sores on feet	<input type="checkbox"/>	<input type="checkbox"/>	• Conjunctivitis (pink eye)	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>			

If you have answered, "Yes" to any of the above questions, we must ask that you consult your physician and obtain a medical release before you engage in activity with our studio. Tell your physician which questions you answered "Yes" to and seek advice from your physician on what type of activity is suitable for your current condition. A medical release form will be required for your file at our studio and will be kept confidential.

Health History: YES NO

Have you ever had any musculoskeletal pain/injury/surgery? (Disc, Arthritis, Tendonitis, Bursitis, Joint Replacement)
If yes, please explain _____

Has a doctor ever diagnosed you with a chronic disease, such as: Coronary heart disease, Emphysema, Cystic Fibrosis, Osteoporosis / Osteopenia, Fibromyalgia, Chronic Fatigue, Hypertension, Diabetes, MS, Thyroid, or High Cholesterol?

If yes, please explain _____
 Asthma / Allergies (Do you carry an inhaler with you?) _____

Are you Post Natal? YES NO Doctor release to exercise? YES NO Cesarean or Diastasis? YES NO

Scoliosis - Type of curvature _____

Is there any other medication you are on or condition that we may need to be aware of to safely engage you in an exercise program?

What are your fitness goals? Weight Loss Increase Flexibility Improve Technique Abdominal/Lower Back Strength Energy Gain Gain Strength Stress Reduction Injury Recovery Improve Posture Other _____

Do you currently workout on a regular basis? Yes No If yes, please describe your current workout program and the frequency:

Has any exercise program caused any negative effects on your body? (If yes, please list) Yes No

Do you partake in any recreational activities? (If yes, please list) Yes No

I am aware that Pilates Sports Center is here to serve me by sharing knowledge of Pilates and health. I understand that the practice of Pilates involves physical movement and exercise which may from time to time be strenuous, and that such practice carries some risk of injury. I also understand that I must judge my own capabilities with respect to practicing Pilates at Pilates Sports Center and have the right and obligation to terminate any exercise if I feel it is inappropriate for my abilities and me. By my participating in classes or activities at Pilates Sports Center I agree to take full responsibility for not exceeding my limits in the practice of Pilates, for selecting the appropriate level of classes taught at Pilates Sports Center, and for any injury I might suffer in the practice of Pilates. I acknowledge that it is my responsibility to inform the instructor immediately if an injury occurs during class. I understand that from time to time during classes at Pilates Sports Center, instructors may physically adjust students form. If I do not want such physical adjustments, I will so inform that instructor at each class I attend. I hereby waive and release any claim that I might have at any time for injury of any sort against, or any person or entity in any way involved therewith, including without limitations its principals, instructors, employees, agents and representatives.

Studio Policies

- Cancellations must be made 24 hours prior to scheduled session/class.
- First Intro Session and any subsequent sessions must be secured via credit card prior to a confirmed booking.
- All series expire 6 months from purchase and are NOT transferable/refundable/interchangeable
- All sessions are approx. 50 minutes long
- No cell phones, pagers, children or pets in Studio
- All staff and clients must arrive perfume and fragrance free
- Studio reserves the right to assign a substitute teacher for group classes
- Clean socks are mandatory to use equipment and may not be stored at the studio
- At least 1 Private Session (by appointment) is required prior to taking any equipment classes
- Instructor must approve clients prior to admittance into group equipment classes
- Group format not allowed for those under 18 years old, injured, or those needing specific rehabilitation, rather privates are required.
- Please do not attend class if you are ill or contagious for the welfare of others
- Please do not attend any class if you have been knowingly exposed to an ill person or have traveled for a 14-day waiting period
- No early admittance to studio prior to scheduled session/class time. Please wait outside to be admitted by your instructor. (you may also wait in your vehicle and text your instructor)
- All trainers must wear masks at all times as long as it is mandated
- All clients are required to wear masks upon entry and exit and during session if mandated by gov agencies
- All shoes must be removed prior to entry to the studio – an area will be provided for shoes
- Hands must be washed or sanitized before and after all sessions and before any other in-person transaction
- Clean towel may be brought to the studio for your personal use only – the Studio will not be providing towel service
- Personal clean hand/foot straps may be brought to the studio for your personal use only
- Any item left at the studio may be subject to disposal – please check your surroundings before departing
- All financial and scheduling transactions should be done via text, email or online rather than in person whenever possible
- All clients must depart directly after the session/class is over to allow sufficient cleaning and client transfer time between sessions

I have carefully read, fully understand and agree to the above. Date _____ Print Name _____
Signature _____

If under 18 years of age: As legal guardian of (name of minor) _____, I consent to the above conditions
_____(Signature)

Instructor Notes and Recommendations / Action Plan:

Follow Up Results:

Client Update Notes and Date:
