

# PAR-Q

Physical Activity Readiness Questionnaire



## Personal Details

Name		
Telephone		
Email (block letters)		
How did you find out about us?		
Would you like to join our mailing list for news and updates?	Yes	No

## Medical History (please indicate issues where relevant)

Do you have High/Low Blood Pressure?	Yes / No
Do you suffer from Asthma, Diabetes or Epilepsy?	Yes / No
Have you ever experienced Chest Pain when exercising?	Yes / No
Do you suffer from any Joint Problems?	Yes / No
Have you been Inactive in the last 12 months?	Yes / No
Any other relevant issues? Medication? Please state:	

## Yoga Experience and Interest (please circle)

Yoga Level: Beginner / Intermediate / Advanced
Interest: Flexibility / Muscle Strength / Health Improvement / Energy Work / Stress Management / Meditation

## Hands on Adjustments (in-person)

I only physically adjust students when I feel it's relevant and verbal cues aren't enough. Some people prefer not to be adjusted which is fine. Are you happy to be adjusted when relevant?	Yes / No
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## PLEASE NOTE

If your health changes or you feel unwell please let us know. If you have a temporary illness such as cold or flu please avoid the class/workshop/course until you feel better. You take full responsibility for your own health and safety during class/workshop/course. If you have any reason to believe you may be at risk, check with your Doctor before taking part in any class.

By signing below you confirm you have supplied all relevant medical information and take full responsibility for your own health and well being during the class/workshop/course.

Sign: *	Date: *
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