Physical Activity Readiness Questionnaire (PAR Q)
**Purple Rabbit Pilates**

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| --- | --- | --- |
|  | **Your details** | **Emergency contact** |
| **Name**  |  |  |
| **Email**  |  |  |
| **Mobile** |  |  |
| The PAR-Q will tell you if you should check with your doctor before you start exercise.If you are planning to become much more physically active than you are now, start by answering the questions below. If you don’t currently exercise on a regular basis and are not used to being active, please check with your doctor.Please read each question carefully and answer honestly by indicating YES or NO then send the completed form to [purplerabbitpilates@gmail.com](https://d.docs.live.net/ef86417ab6000666/Documents/z-RED%20DELL/Pilates/purplerabbitpilates%40gmail.com) (if you’d prefer, print and fill in by hand). |
| **What are your main reasons for starting a fitness programme?** |
|  |
| **Questions** | **Delete as appropriate** |
| Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? If YES, is it controlled by drugs? YES - NO (please circle) | Yes/No |
| Have you ever/do you currently feel pain in your chest when you do physical activity? | Yes/No |
| In the past month, have you had a chest pain when you were not doing physical activity?  | Yes/No |
| Do you lose balance because of dizziness or do you ever lose consciousness? | Yes/No |
| Have you ever had or do you have an injury or disc/bone/joint problem including breaks, If YES, please advise …………………………………………………………………………………………………………………………Could this be made worse by physical activity? YES - NO (please circle) | Yes/No |
| Has your doctor ever told you or are you aware that you have HIGH/LOW blood pressure (please circle)If YES, is it controlled by drugs? YES - NO (please circle) | Yes/No |

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| --- | --- |
| Are you pregnant or have you had a baby in the last 3 months? If YES, have you sought medical advice regarding returning to exercise?Please advise ………………………………………………………………………………………………………………………… | Yes/No |
| Have you ever or do you suffer from epilepsy - diabetes - asthma - coeliac? (please circle or give details) | Yes/No |
| Are you taking any medication? If YES, please advise ………………………………………………………………………………………………………………………… | Yes/No |
| Please list any other medical conditions/treatments (e.g. hernia/ cancer/serious illness/operations) |  |
| Do you know of any other reason why you should not take part in physical activity? | Yes/No |
| If YES please comment: |

**If you answered YES** to one or more questions: you should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health. Tell your doctor about the PAR-Q and to which questions you answered YES and follow their advice.

**If you answered NO** to all questions: it is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professionals. Ask whether you should change your physical plan.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signed…………………………………………………………………………………………………………………

Date …………………………………………..

Data Protection Policy (GDPR)
**Purple Rabbit Pilates**

This policy describes how your data will be managed in compliance with the **General Data Protection Regulation (GDPR).**

I promise:

* To keep your personal information safe and private.
* Not to sell your personal information.
* Not to keep your personal information for longer than necessary to provide Pilates services.

**What?** The personal data I collect about you will include data relating to your name, address and contact details (plus emergency contact details) as well as information relating to ‘health’ via the Physical Activity Readiness Questionnaire (PAR-Q).

**Why?** I will process your personal data to provide you with appropriate services as your Pilates Instructor. I will only use your data for the purpose for which it was collected. I will only share your data with third parties such as insurers and where I am required or entitled to do so by law under lawful data processing.

Your data will be used to manage future communications including information about my services. You can opt out at any time by emailing Hilary at purplerabbitpilates@gmail.com

I have read the new data protection policy (GDPR attached separately) and understand how my information will be stored/recorded.

Signed…………………………………………………………………………………………………………………

Date …………………………………………..