HEALTH HISTORY INFORMATION

Welcome to the Healthy Living programs at the Greater Valley YMCA, Slate Belt Branch. We are excited to begin a partnership with you. To best serve you, please take the time to complete this form with accurate and detailed information. Return the form to lauramiller@gv-ymca.org or bring it with you to your session.

CLIENT INFORMATION

Name Phone Email

Age Birthdate

PARENT / GUARDIAN INFORMATION (for clients under the age of 18)

Name of Parent / Guardian

Phone

Email

EMERGENCY CONTACT (someone different than Parent / Guardian information)

Emergency Contact Person Name Phone

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. **However, some people should check with their doctor before they start becoming much more physically active.**

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES NO

☐ ☐ **1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**

☐ ☐ **2. Do you feel pain in your chest when you do physical activity?**

☐ ☐ **3. In the past month, have you had chest pain when you were not doing physical activity?**

☐ ☐ **4. Do you lose your balance because of dizziness or do you ever lose consciousness?**

☐ ☐ **5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?**

☐ ☐ **6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**

☐ ☐ **7. Do you know of any other reason why you should not do physical activity?**

MEDICAL HISTORY (check all that apply)

☐ Allergies List:	☐ type 1 diabetes	☐ Hypoglycemia
☐ Anemia	☐ type 2 diabetes	
☐ Aneurysm	☐ intermittent claudication (pain in muscle)	
☐ Ankle / Foot edema	☐ nocturnal dyspnea/ COPD	
☐ Asthma	☐ sleep apnea	
☐ Arthritis	☐ Diagnosed metabolic disorder	☐ Hypertension
☐ Cancer type	☐ Diagnosed pulmonary disease	☐ High cholesterol
☐ Chest pain/discomfort(Angina)	☐ Diagnosed heart condition	☐ Obesity: BMI≥30
☐ concussions	☐ Pacemaker (fixed)	
☐ Dizziness	☐ shortness of breath at rest or mild exertion	
☐ Embolism	☐ loss of consciousness (syncope)	
☐ fainting	☐ Family history of cardiovascular disease	
☐ headaches/ migraines	☐ Age= Male ≥ 45	
☐ currently pregnant	☐ Age = Female ≥ 55	

Additional relevant information that may limit your ability to increase your physical activity safely:

HEALTH BEHAVIORS

Current Smoker ☐ NO ☐ YES Quit smoking within the last 6 months ☐ YES

Alcohol ☐ zero ☐ 1-3 drinks per week ☐ 4+ drinks per week

Caffeine ☐ NO ☐ YES

Estimated daily water intake

Supplements

Average number of hours of sleep daily

Describe your current discomfort / pain / concerns. If you feel pain/discomfort, where do you feel it, what aggravates it? Do you have difficulty standing for long periods of time, sitting, rolling over in bed, getting out of bed? Include details.

List any specific movements that you can't do, and/or would like to perform better and more comfortably.

Describe any areas on your body that are emotionally sensitive for you, or that you would feel uncomfortable being touched (example: neck area, back, abdominals) for the purpose of fitness testing and/or exercise guidance (example: body composition testing, heart rate monitoring, hand cues on back demonstrating "sitting tall")?

I have answered the above questions completely and to the best of my knowledge.

Signature _____ Date _____

(Participant or guardian - signature)

Printed Name _____

(Participant or guardian)