



FIREFLY
PILATES

The reformer specialist

Physical Activity Readiness Questionnaire

This Physical Activity Readiness Questionnaire is designed to determine your safety when starting a new exercise plan. Your information will be kept on file and seen only by me. Your information will not be shared with any third party. Your details will be kept only during the time you train with me and will be destroyed after that.

Personal Details

Title _____ Name _____

Address & Postcode _____

Date of Birth _____

Mobile Number _____

Email _____

Emergency Contact _____

Emergency Number _____

Name & Address
of GP _____



Physical Health 1

Have you been warned by your medical practitioner that you should not exercise or do a type of exercise? If yes , please provide details and if applicable a consent form from your doctor before proceeding.	No	Yes
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Do you have a major or minor illness, weakness, imbalance, or injury that could interfere with exercise? If yes give details.	No	Yes
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Are you pregnant or have you given birth within the last 6 months?	No	Yes
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Are you taking any prescription medication? If yes please give detail	No	Yes
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Do you smoke? If yes how many a day.	No	Yes
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Do you consume alcohol? If yes how many units a week/month.	No	Yes
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Physical Health 2

Do you ever get unusually short of breath with very light exertion?	No	Yes
Do you ever have pain, pressure, heaviness, or tightness in the chest area?	No	Yes
Do you regularly have unexplained pain in the abdomen, shoulders or arm?	No	Yes
Do you have severe dizzy spells or episodes of fainting?	No	Yes
Do you regularly get lower leg pain during walking that is relieved by rest?	No	Yes
Do you ever experience palpitations or irregular heartbeats?	No	Yes
Have you been double vaccinated for COVID?	No	Yes
Have you had COVID-19 in the last 3 months? If yes do you have any lasting side effects?	No	Yes
Do you have any allergies? If yes give details?	No	Yes
Do you have any hang ups/fears/ pet hates in the gym environment? If yes give details?	No	Yes



Your Fitness Status & Goals

Have you done Pilates or used a reformer before?

Would you like any help with nutrition or diet?

What are your reasons for starting exercising?

What health goals would you like to achieve in the next 3 months?

Name 3 things you could do to improve your health?

How would you describe your general health and fitness, and have you done structured exercise before?

How many times a week would you like to train, and what do you think are the main barriers preventing you from achieving this?

How did you hear about my business?



More About You

Weight kg _____ Height cm _____

Blood pressure _____

How many ML or Lt of water a day do you drink? _____

How many cups of tea or coffee a day do you drink? _____

How many hours of sleep do you get a night? _____

I can confirm that I have answered all questions honestly and that the information given is correct.

I understand that this PAR Q becomes invalid should my condition change and I must make Sam Moore aware that the form needs updating by me.

Upon completion, save this form to your local device and send to Sam Moore via email to hello@fireflypilates.co.uk. Thank you.

Type your name as signature
and email this form back to
Sam Moore

Date
