

### Bardwell Chiropractic's 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	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing 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 (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

**If you answered yes to one or more of these questions please talk with your doctor before you start becoming much more physically active or before you have a fitness appraisal.**

#### INFORMED CONSENT

##### Description of Potential Risks

I understand that the reaction of the heart, lung, and blood vessel system to such exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during exercise, which may include abnormalities of blood pressure or heart rate, in effect of functioning of the heart, and in rare instances heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics, can lead to musculoskeletal strains, pain, and injury if adequate warm-up, gradual progression, and safety procedures are not followed. In addition, trained staff members will be supervising during all times to help ensure that these risks are minimized. The staff members are trained in CPR and first aid and regularly practice emergency procedures. Equipment is inspected and maintained on a regular basis.

##### Description of Potential Benefits

I understand that a program of regular exercise for the heart and lungs, muscles, and joints has many associated benefits. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in psychological function, and a decrease in risk of heart disease. I have read the foregoing information and understand it. Any questions that may have occurred to me have been answered to my satisfaction. I understand that I am free to withdraw from this program without prejudice at any time I desire. I am also free to decline answering specific item or questions during interviews or when filling out questionnaires. The information that is obtained will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed written consent.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Witness \_\_\_\_\_