



# Dance4all

## Physical Activity Questionnaire OVER 18's PAR-Q

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify any adults or children for whom some types of physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

It is important that I am made aware of your general health and fitness both to help me in planning the content of the classes and enable me to help you gain the most from the dance sessions without causing any unnecessary stress or strain. Please carefully fill out **both sides** of the form.

The information supplied will be treated in the strictest confidence.

### **All sections to be completed in BLOCK CAPITALS please:**

Full Name : .....

Full Address : .....

Postcode : .....

Home Telephone : .....

Mobile Number : .....

Email Address (CAPITALS) : .....

Date of Birth : ..... / ..... / .....

Current Age : .....

Doctor's Name & Number : ..... / .....

Blood Group : .....

NHS Number : .....

### **ICE (In Case of Emergency) Details**

Full Name : .....

Relationship : .....

Mobile Number : .....

1. Has your doctor ever said that you may have heart trouble? **YES / NO**
2. Do you frequently have pains in their heart or chest? **YES / NO**
3. Do you often feel faint or have spells of dizziness? **YES / NO**
4. Has a doctor ever said that your blood pressure was too high? **YES / NO**
5. Has a doctor ever told you that you may have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? **YES / NO**
6. Are you over the age of 60 and not accustomed to vigorous exercise? **YES / NO**
7. Have you given birth in the last 6 months? **YES / NO**
8. Is there a good physical reason not mentioned here why you should not follow an activity class? Please provide details if so. **YES / NO**

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9. Is there any physical history, or other medical condition that may affect our teaching or your learning (eg. Asthma, Diabetes, heart condition, back injury, hearing or sight impairment, disorders etc). If so please provide details. **YES / NO**

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10. Are you currently on any medication & will be bringing it to class with you. If so please list (incl. dosage). **YES / NO**

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**If you answered YES to any of questions 1-10, please discuss this with the teacher before you attend class.** If you have not recently done so, you may also wish to consult with your Doctor by telephone or in person before your physical activity is increased. If your Doctor has any concerns please give them my contact details.

11. Do you have any previous dance experience, or do you currently participate in any other form of physical exercise? If yes, please state.

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12. How did you hear about Dance4all?

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If you have any changes to this medical form in the future, please ask me for it so you can amend the information given. It is vitally important that the information is current and up to date for your safety and wellbeing.

Signed: ..... Date:...../...../.....

Thank you for filling out this form.