

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

YES	NO	•										
YES		•										
	NO	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?										
YES		Do you feel pain in your chest when you do physical activity?										
120	NO	In the past month, have you had chest pain when you were not doing physical activity?										
YES	NO	Do you lose your balance because of dizziness or do you ever lose consciousness?										
YES	NO	Do you have a bone or joint problem that could be made worse by a change in your physical activity?										
YES	NO	Is your doctor currently prescribing drugs for your blood pressure or heart condition?										
YES	NO	Do you know of any other reason why you should not do physical activity?										
YES	NO	Have you had therapy at Riverview in th	e last 3 mos.?	Therapi <u>st:</u>								
Physicia	an: _	Location:		Pho	ne:							
Signatur	те: _	Parent signature is required for	participants und	ler 18.	Date							
Client	initia	I understand that after (3) can rescheduling fee must be pair			-							
[For office use only	For off	ice use only	<u></u>							
Fitne		Discount RVH Plus-One	Assessment	Time	Date	Trainer						

Managed Fitness	Orienta Only	ation	Assessment & Program	Program		
Managed Fitness Type			mber Number	Sta	ff initials:	