

The Healing Arts Clinic at Multnomah Village
An Association of Independent Practitioners
Joyce D. McClure, DC, DACRB – Don Fuegy, DC
3644 SW Troy St. Suite 200 – Portland, Oregon 97219

Physical Activity Readiness Questionnaire (Par-Q)

Name _____ SS# _____
Contact Phone _____ Occupation _____
Which Preventive Health activities
Date of Birth _____ do you plan to participate in? _____

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

Common sense is your best guide in answering these questions. Please read them carefully and check **YES** or **NO** if it applies to you. If a question is answered with **YES**, please use the available space to explain your answer and give additional details.

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO
2. Do you feel pain in your chest when you do physical activity? YES NO
3. In the past month, have you had chest pain when you were not doing physical activity? YES NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? YES NO
7. Do you know of any other reason why you should not do physical activity? YES NO
8. Do you currently participate in any regular activity program designed to improve or maintain your physical fitness? YES NO
If yes, what activity program do you participate in? _____

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Medical History

Cardiovascular Disease Risk Factor

Has a doctor or health professional ever told you that you have any of the following conditions?

- Heart Disease
- Family history of heart disease
- High Blood Pressure
- High Cholesterol
- Obesity
- Lack of physical activity
- Diabetes
- Impaired fasting glucose
- High HDL (negative risk factor)

Do you have any of the following?

- Back Pain
- Joint, tendon, or muscular pain
- Lung disease (asthma, emphysema, etc.)

Please explain:

Medication Use

Are you currently taking any of the following medications:

- Blood Pressure Medication
- Cholesterol Medication
- Blood Sugar Medication
- Heart Medication
- Other medication(s)

Please list:

Which best describes your current smoking status?

- I have NEVER smoked or quit more than 6 months ago.
- I CURRENTLY smoke or quit within the last 6 months.

Cardiovascular Disease Risk Factor

How would you rate your overall state of health?

- Poor
- Fair
- Good
- Excellent

Patient Signature

Date

For Medical Use Only

Cleared to Participate with without restriction

Based on review of Par-Q Chart Discussion with patient Exam

Restriction: _____

Certified Chiropractic Assistant's Signature

Date

Physician's Signature

Date