

PARQ Form



Contact details

Title:	First Name:	Surname:	DOB:
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Address:	POSTCODE:
	Telephone No:

Next of Kin Name:	Relationship:	Telephone: Contact No.:
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GP Name:	Address/Surgery:	Contact No.:
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B Health Screening/ PARQ

Becoming active is very safe for most people. The questions below have been designed to identify a small number of people for whom it might be wise to see a G.P before starting exercise.

- Has your doctor ever said that you have a heart condition or suffered from a stroke?
CABG angioplasty/stent Heart valve replacement ICD/Pacemaker
Stroke/TIA
- Do you feel pain in your chest at rest or on exertion?
- Do you ever lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical lifestyle?
- Do you know of any other reason why you should not take part in a physical activity programme?
- What is the main reason for you referral? _____
- Have you been diagnosed by your doctor or health professional with any of the following medical conditions? **Please tick**
Asthma COPD Epileptic Arthritis
Osteoarthritis Osteoporosis Depression/Anxiety PVD
- Have you had a joint replacement or injury/broken bones?
Yes No If yes please provide further details

- Have you ever been told by a health professional that you have high or low blood pressure?
Yes No
- Are you Diabetic to your knowledge?

If yes please provide further details _____

11. Have you ever been told by a health professional that you have elevated cholesterol?

Yes No

12. Do you have a long standing illness (i.e. for more than 12 months and likely to continue) or a disability which affects (or limits) your day to day activities? If yes please provide further details.

13. Is there anything else that you feel we may need to know, which could lead to exercise having a negative affect on you?

Please list details of medication currently taken

Additional Information

Weeks	1	12	26	52
Height				
Weight				
BMI				
B/P				
RHR				

PRIVACY NOTICE:

This notice explains when we collect personal data, what we use it for, who we share it with and your rights.

Who we are: SMILE Team Coaches, C/o Royal Borough of Windsor & Maidenhead, Town Hall, St. Ives Road, Maidenhead SL6 1RF

Lawful basis for processing the information: The Data Protection Act 1998.

How do we collect information from you: Personal data is supplied by those using the SMILE filling in this form prior to taking part in activities.

How we use the information you have provided: This information is used to monitor your health to participate, and make coaches aware of any health issues prior to participation in activities, and in case of emergency during sessions.

Who has access to the information about you: Access is restricted to the members of the SMILE coaching team. We will not share your information with any 3rd party.

How long we store your information: Your data will be retained in the manner it was given to us whilst you are participating in SMILE activities. The coaches will regularly review the names of those attending and should you refrain from using the service for 3 months your form will be destroyed and you will be required to fill in a new form to ensure the information is correct.

Automated decision making: We do not utilize automated decision making.

Declaration I understand that if I have answered "Yes" to one or more of the above questions, I may be asked to seek medical advice before attending the programme. I agree to tell the instructor if there is any change in my medical condition. I understand that I participate at my own risk.

Name:..... **Signed:**.....

Date:.....