

Health Questionnaire: Yoga for Survivors® & Yoga for Healing

Name _____ Phone # _____ Date _____

Address _____ City _____ Zip Code _____

Email address _____ DOB _____

Emergency Contact _____ Phone # _____

Diagnosis (include full name/description of disease, condition, or injury):

Date of Diagnosis/Injury _____

Doctor(s) _____

Date of last chemotherapy? _____ How many treatments remain? _____

Date of last radiation? _____ How many treatments remain? _____

Describe any side-effects or symptoms you are currently experiencing:

List all relevant/major surgeries you have had:

Date _____ Type of surgery _____

Date _____ Type of surgery _____

Date _____ Type of surgery _____

Date _____ Type of surgery _____

Date _____ Type of surgery _____

Date _____ Type of surgery _____

Date _____ Type of surgery _____

Describe any limitations you are currently experiencing from any of the surgeries you have had:

List any other health problems you are experiencing, particularly those for which you are: 1) taking medication, and/or 2) being monitored (on an occasional or regular basis) by a doctor

Aside from what you have already listed, do you have any other limitations in your physical activity level, or any movements that cause you pain?

If you are interested in restoring strength and flexibility to a particular area of your body, please describe here:

Are you able to do the following with relative ease and comfort?

Stand	Lie on your right side	Breathe through your nose
Lie on your back	Lie on your left side	
Lie on your stomach	Sit	

Aside from what you have already listed, has your doctor ever said that you should modify your physical activities, or restrict/limit your movements in any way? If so, please describe:

Have you practiced yoga before? If so please describe: _____

What are your goals for participating in this class?

Do you have any special concerns about participating in this class?

How did you find out about this class?

I _____ understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I affirm that my platelet count is at least 20,000 and all surgical incisions on my body have healed. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Laura Kupperman, any other Yoga for Survivors or Yoga for Healing teacher, or the facility where class is held.

Signature of student, parent or guardian

Date