

**Questionnaire & Registration Form for Living Well Yoga for Cancer Class**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Diagnosis (include type of cancer, stage and lymph node involvement) \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

Oncologist \_\_\_\_\_ Surgeon \_\_\_\_\_

Date of last chemotherapy: \_\_\_\_\_ How many treatments remain? \_\_\_\_\_

Date of last radiation: \_\_\_\_\_ How many treatments remain? \_\_\_\_\_

Please describe any side-effects you are currently experiencing from radiation, chemotherapy, other therapies, or any medications you are taking.

Please list all cancer-related surgeries, as well as any other 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: \_\_\_\_\_

Please describe any limitations/side-effects you are currently experiencing from any of the surgeries you have had:

Please 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.

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 back \_\_\_\_\_

Sit \_\_\_\_\_ Lie on your stomach \_\_\_\_\_

Breathe through your nose \_\_\_\_\_ Lie on your right side \_\_\_\_\_

Lie on your left side \_\_\_\_\_

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 \_\_\_\_\_ (print name) 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 Michele Lawrence, any other instructor who may be teaching this class, or Yogadurango.

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Signature of student, parent or guardian

Date