



## *Yoga for Men and Women Healing from Cancer*

### **Registration Form**

Please bring completed form to your OHSU Knight Cancer Institute yoga instructor. Questions? Call Kimberly Carson, MPH 503-245-9642 or email carsonk@ohsu.edu.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact (name and phone #s): \_\_\_\_\_  
How did you hear about this class? \_\_\_\_\_

*We are dedicated to protecting your privacy. The information you provide on this form will be kept completely confidential and will be shared only with the class instructors and assistants.*

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People practice yoga for many reasons. What do you hope to gain from this class?

\_\_\_\_\_  
\_\_\_\_\_

Have you taken a yoga class before? If so, what style or type of yoga, and for how long?

\_\_\_\_\_  
\_\_\_\_\_

Primary Oncology Care Provider Name: \_\_\_\_\_  
Clinic/Practice: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

*(Please give release form to your primary oncology care provider for his/her signature. We must receive the signed release form before you may attend class.)*

Type/stage of cancer: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

Are you currently in active cancer treatment? Yes  No  If yes, what is your current treatment plan? (i.e., chemotherapy, radiation, surgery, hormone therapy, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Have you had surgery in the past six months? Yes  No

If yes, what type of surgery? \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Are there any movements or activities that you have been told not to do?

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Have you recently struggled with anxiety or depression? If so, please describe:

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Please list any other medical or health conditions you have: \_\_\_\_\_

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Please list all medications you currently take and for what reasons (include all medications, not only cancer-related ones): \_\_\_\_\_

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Is there anything else that you want the yoga instructor and assistants to know about you?

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### **Professional Disclosure and Liability Release**

All physical programs involve a risk of injury. You have been given a copy of "Guidelines to Enhance Your Yoga," which provides suggestions to help reduce this risk. You must also get a signed release form from your primary oncology care provider to participate in this yoga class.

This yoga class is led by a certified professional yoga instructor. The yoga instructor engages in ongoing education and training to maintain certification. The instructor and assistants will provide you with competent, professional guidance to the best of their abilities. Please inform the instructor of all health conditions you have (i.e., high blood pressure, pregnancy, surgery, etc.), as they may affect your practice of yoga in ways you do not expect.

\* \* \* \* \*

I desire and agree to participate in this yoga class and I acknowledge that my participation is entirely voluntary. I understand that this yoga program and its instructors do not diagnose diseases or any physical or mental disorders, nor do they prescribe medical treatment, and the classes and program do not constitute medical advice.

I have read, understood, and agree to the content of this Professional Disclosure and Liability Release, and to the extent permitted by law, I hereby release instructor Kimberly Carson and OHSU from any and all liability for injury or illness in relation to this yoga class.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date