



*Gentle Yoga for Men and Women Healing from Cancer*

**Oncology Care Provider Release Form**

**Patient Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Medical Record #** \_\_\_\_\_

*This patient wishes to participate in a gentle yoga class at the OHSU Knight Cancer Institute. The class will be led by a certified cancer yoga. Class will include stretching, strengthening, and relaxation.*

*Please call instructor Kimberly Carson at 503 245-9642 with any questions. Thank you!*

**Specify any medical conditions that might limit this individual’s participation:**

Orthopedic condition \_\_\_\_\_

Neurological condition \_\_\_\_\_

Cardiac condition \_\_\_\_\_

Other \_\_\_\_\_

Please list any movements this patient should avoid (i.e., trunk rotation, forward bending)

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

**Oncology Care Provider Release**

“ \_\_\_\_\_ may participate in this gentle yoga class at the  
(Patient name)  
OHSU Knight Cancer Institute with the limitations I have listed above.”

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital/Clinic/Location