

# Questionnaire & Registration Form

## Specialist Yoga Class

|                   |              |
|-------------------|--------------|
| Name              | Date         |
| Email             | Phone number |
| Emergency contact | Phone number |

What brings you to yoga? What are you hoping to get out of yoga, mentally, physically or emotionally? *If you are interested in restoring strength and flexibility to a particular area of your body, please describe here.*

Have you practised yoga before? If so, please describe:

Do you have any concerns regarding yoga?

Are you able to do the following with relative ease and comfort? Please note any details.

|                          |  |
|--------------------------|--|
| - Stand                  |  |
| - Lie on your back       |  |
| - Lie on your stomach    |  |
| - Lie on your right side |  |
| - Lie on your left side  |  |
| - Breathe thru your nose |  |
| - Sit                    |  |

In addition, do you have any limitations in your physical activity level, or any movements that cause you pain? Has your doctor ever said that you should modify your physical activities or restrict/limit your movements in any way?

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

Please describe any limitations/side-effects you are currently experiencing from any previous surgeries.

Have you had any radioactive implants? YES / NO When?

Are you being treated with the following drugs? Are you experiencing any side-effects?

|                    |  |
|--------------------|--|
| - Thiotepa         |  |
| - Methoxotrate     |  |
| - Cytosine         |  |
| - Cyclophosphamide |  |
| - Cytoxan          |  |

If yes, was your last infusion within the last 18-24 hours?

It is important to communicate any discomfort to your yoga teacher, whether that is physical, mental or emotional. Breath should be comfortable at all times. When we force our bodies to make a certain shape to achieve a yoga pose, we take ourselves out of natural movement and risk over-stretching our bodies. Move how it feels good to move. Linger where it feels nice to linger. Take a break if you feel tired and don't forget to breathe! This practice is for you.

Please read the document, "The Road to Recovery with Yoga" for more information about what to expect, and the objectives and benefits of specialist yoga for people affected by cancer.

I, [client's name], \_\_\_\_\_, hereby confirm that I take responsibility for my own body and agree to communicate any issues or discomfort to my yoga teacher at the beginning of the class, and hereby confirm that I am willing to proceed.

Sign \_\_\_\_\_ Date \_\_\_\_\_