Yoga for Cancer –

Health & Consent Form

Instructor: Lorna Donnelly, Yoga Therapist

Location: Tarka Clinic | Start date: April 17th, 2025

Class time: Thursdays 10:00–11:00 am

This gentle yoga class is designed to support those currently in cancer treatment or recovery. To ensure your safety and wellbeing, please complete this form before attending class.

# Participant Information

Full Name:

Date of Birth:

Phone Number:

Email:

Emergency Contact Name & Number:

# Cancer Diagnosis & Medical History

Type of cancer diagnosed:

Date of diagnosis:

Treatments received (please tick):

* ☐ Chemotherapy
* ☐ Radiotherapy
* ☐ Surgery
* ☐ Hormone therapy
* ☐ Immunotherapy
* ☐ Other (please specify):

Date of last treatment (if applicable):

Have all surgical incisions healed? ☐ Yes ☐ No ☐ Not Applicable

Are you at least 12 weeks post-surgery? ☐ Yes ☐ No ☐ Not Applicable

Do you currently have a PICC line, port, or any surgical implants (e.g. expanders)? ☐ Yes ☐ No

If yes, please provide details:

Do you experience any of the following? (tick any that apply):

* ☐ Lymphedema
* ☐ Neuropathy
* ☐ Fatigue
* ☐ Pain or stiffness
* ☐ Bone fragility
* ☐ Anxiety or low mood
* ☐ Balance issues
* ☐ Other:

Is there anything that may affect your ability to move, lie on your back, or get up and down from the floor? ☐ Yes ☐ No

If yes, please explain:

# Medical Sign-Off

Has your doctor or healthcare provider cleared you to attend yoga classes? ☐ Yes ☐ No

Would you like your doctor to sign below for added assurance? (Optional)

Doctor's Name:

Clinic / Practice:

Signature:

Date:

# What Would You Like to Gain from This Class?

Please share a little about what you hope yoga will support you with (physical, emotional, or spiritual):

# Participant Agreement

I understand that:
- This yoga class is gentle and therapeutic, but not a substitute for medical care.
- It is my responsibility to move with awareness, listen to my body, and rest when needed.
- I will inform the teacher of any changes in my health or treatment plan.
- I participate voluntarily and accept full responsibility for my wellbeing during class.
- Any personal or medical information shared will be treated confidentially.

Signature of Participant:

Date: