

Cancer Resource Center Lifestyle Programs

Joining Core & More, Healing through Dance, Restorative Movement, Qi Gong & Yoga

For All Classes

Fill out the **Health History** form and have your physician sign the bottom of the **Informed Consent** form. Bring both completed forms to your first class. Make copies if planning on attending more than one type of class.

It is recommended to contact the instructors before the first class to introduce yourself and to let them know that you will be attending, and to be notified if there is any change in the schedule. All classes are designed to meet the needs of people facing cancer and life-threatening illness.

Core & More

Instructor: Jane Clark, Certified Pilates and Fitness Instructor
Phone: 415-722-5314
Time: Fridays, 10:00 – 11:30am
Place: Osher Center for Integrative Medicine, 1545 Divisadero, 5th floor

Healing through Dance

Instructor: Anne Krantz, PhD, ADTR
Phone: 415-771-1430
Time: Tuesdays, 11:00 – 12:30pm
Place: Osher Center for Integrative Medicine, 1545 Divisadero, 5th floor.

Qi Gong

Instructor: Joseph S. Acquah, LAc, OMD
Phone: 415-353-9680
Time: Selected Wednesdays, 11:00 – 12:00pm
Place: Osher Center for Integrative Medicine, 1545 Divisadero, 5th floor

NOTE: *This course offered in 10-week sessions. Please call the CRC at 415-885-3693 for dates. Once the session has started, it is OK to drop in with a completed health form and signed consent.*

Restorative Movement

Instructor: Karen Ingebrigtsen, Certified Feldenkrais® Practitioner
Phone: 415-931-7719
Time: Wednesdays, 10:00 – 11:00am
Place: Osher Center for Integrative Medicine, 1545 Divisadero, 5th floor

NOTE: *Includes floor exercises – you must be able to get up and down from the floor unassisted.*

YogaCares: Therapeutic Yoga for People with Cancer

Instructor: Renée Rivera RN, DAS, RYT
Contact: 415-994-8704
Time: Tuesdays, 1:00 - 2:30pm
Place: Osher Center for Integrative Medicine, 1545 Divisadero, 5th floor

NOTE: *You may attend 10 sessions at no cost.*

For further questions, please contact the Cancer Resource Center at (415) 885-3693. Updated April, 2012.

Cancer Center Lifestyle Program
Health History Form

I will be participating in the following class(es):

Core & More ____ Healing Through Dance ____ Qigong ____ Restorative Mvmnt ____ Yoga ____

General Information

Name _____ Date _____ Age _____

Weight _____ Height _____ Occupation _____

Mailing address _____ Phone _____

Cancer/Medical Information

Date of diagnosis _____ Type of cancer _____

Area of the body _____ Type of surgery _____

Type of radiation/chemotherapy _____

Times per month _____ Physician's name _____

Phone _____ Address _____

Please check if you have or have had any of the following:

OCCURRENCE OR CONDITION	X	DATE OR TIME PERIOD
heart attack, coronary angioplasty or cardiac surgery		
chest discomfort		
lightheadedness or fainting with exercise		
shortness of breath with exercise		
rapid heart beats or palpitations		
heart murmurs, clicks or unusual cardiac findings		
high blood pressure		
stroke		
ankle swelling		
numbness, tingling or loss of feeling in hands or feet		
peripheral arterial disease, claudication		

OCCURRENCE OR CONDITION (CONT.)	X	DATE OR TIME PERIOD
pulmonary disease including asthma, emphysema and bronchitis		
diabetes		
low blood sugar		
thyroid condition		
high cholesterol		
anemia		
arthritis (indicate where)		
family history of coronary artery disease		

Please list all medication that you are currently using _____

Indicate any orthopedic problems you might have _____

Exercise History

Please check if you have participated in any of the following in the past 6 months:

ACTIVITY	X	FREQUENCY	DURATION
aerobic dance			
swimming			
walking			
jogging/running			
bicycling			
tennis or golf			
weight training			
stretching			
other (indicate type)			

What is your average heart rate during exercise, if known? _____ beats per minute

Informed Consent

You will be participating in a Core & More, Healing Through Dance, Qi Gong, Restorative Movement or Therapeutic Yoga class. These classes are designed to be safe and comfortable for you to help you identify routines which you can incorporate into your daily living. They are not intended as rigorous workouts, but will help you establish a program to restore strength, and gain flexibility and endurance. We expect that these activities will make you feel better, but there exists the possibility of certain adverse changes occurring during the sessions. These include abnormal blood pressure, fainting, disorders of heartbeat, and in rare instances, heart attack, stroke or death. Every effort will be made to tailor these programs to your physical limitations and to minimize these risks. Trained personnel are available to deal with unusual situations that may arise.

Responsibility of the Participant

DO NOT overdo it.

DO NOT withhold any information regarding symptoms from the medical professionals during the class.

DO NOT exercise when you do not feel well.

DO NOT exercise within 2 hours after eating.

DO NOT exercise after drinking alcoholic beverages.

DO NOT use extremely hot shower, sauna or steam bath after exercising.

DO NOT stretch beyond muscle tension to pain.

DO report any unusual symptoms that you experience before, during or after the sessions or you notice in an exercising colleague.

DO take your time, relax and enjoy.

Your participation in this program is voluntary. You are free to withdraw if you so desire, both now and at any point in the program.

I acknowledge that I have read this form in its entirety or it has been read to me and that I have been given instructions on exercise guidelines and signs and symptoms of exercise intolerance. I accept the rules and regulations set forth. I consent to participate in the Core & More, Restorative Movement or Healing through Dance class(es).

Please check appropriate class(es):

Core&More ____ Healing Through Dance ____ Qi Gong ____ Restorative Mvmnt ____ Yoga ____

Name _____ Phone _____

Address _____

Signature of participant

Date

Witness

I acknowledge that I am currently involved in the treatment of the above patient and that I know of no medical condition which would preclude their participation in the Core & More, Qi Gong, Restorative Movement, Healing Through Dance, and/or Therapeutic Yoga.

Signature of attending physician

Date