



## Physician Consent Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_

The above named individual has expressed interest in participating in yoga therapy. Yoga therapy is the adaptation of yoga practices for people with health challenges and may include physical exercises, postures, breathing exercises, and relaxation techniques to suit individual needs.

If you know of any medical reasons why participation in yoga therapy by your patient would be unwise, please indicate so on this form by checking all that apply.

I know of no reason why the applicant should not participate, & I hereby medically release him / her to do so.

I believe the applicant can participate, but would recommend the following precautions:

I believe the applicant can participate, but should NOT engage in the following activities:

Breath retention

Free weights

Holding postures

Stretches

Twists

Inversions

Other restrictions (please be specific):

I recommend that the applicant NOT participate until: \_\_\_\_\_

Physician's Signature Date: \_\_\_\_\_

Printed Name:

Address:

Phone:

Fax:

Please return this form to Harmony Therapeutic Yoga LLC

spackard@HarmonyTheraYoga.com