



CONFIDENTIAL HEALTH QUESTIONNAIRE & EMERGENCY INFORMATION

Name: Preferred Pronouns

Phone Number: E-Mail:

Birthdate: Age: Height: Weight:

Doctor's Name: Phone Number:

Medical Insurance: Group/Policy #:

In case of an emergency, please notify...

Emergency Contact Name: Relationship:

Emergency Contact Phone Number:

Does your emergency contact know you are attending? Yes No

Do you have a history of lung disease or any kind of breathing problem? **Yes**
If yes, please describe:

No

Do you have any muscle, joint, or bone related disabilities? **Yes**
If yes, please describe:

No

Do you have a history with migraines or severe headaches? **Yes**
If yes, please describe: **No**

Do you have any kidney disease? **Yes**
If yes, please describe: **No**

If you walked a level mile at an average pace would you get out of
breath, have chest or leg pains or develop muscle fatigue? **Yes**
If yes, please describe: **No**

Do you have documented hypoglycemia or diabetes? **Yes**
If yes, please describe: **No**

Do you have any other chronic or acute condition that, in any way,
threatens your health? **Yes**
If yes, please describe: **No**

Are you taking any medication at the present time?
If yes, specify each drug, the dose and the reason for taking:

Yes
No

When was your last tetanus shot?

We will have scrumptious, organic mostly vegetarian with occasional meat meals while at Whispertree. Please let us know how we can accommodate your dietary needs. Vegetarian? Vegan? Gluten free? Dairy free? Any other dietary needs/allergies?

This information is accurate and complete. I agree to cooperate with the Ecology of Awakening guides with full consideration of my health history and health concerns.

Signature:

Date:

Print Name: