



ECOLOGY *of* AWAKENING

CONFIDENTIAL HEALTH QUESTIONNAIRE and EMERGENCY INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: (W or H) _____ (C): _____

E-MAIL: _____

BIRTH DATE: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

Your doctor's name: _____ Phone number: _____

Medical Insurance _____ Group/Policy No.: _____

In case of emergency, notify:

Name: _____ Relationship: _____ Phone: _____

Does your emergency contact person know you are participating in this program: Yes No

Yes No

Are you under the care of a physician? If so, please describe:

Yes No

Do you wear a Medic-Alert Tag or any other marker of a medical problem? If yes, please describe:



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Yes No

Were you hospitalized in the last two years? If yes, please describe:

Yes No

Have you ever had a heart attack of any kind, or been told by a doctor that you have high blood pressure, a heart murmur or heart disease? If yes, please describe:

Yes No

Have you ever had a seizure of any kind? If yes, please describe:

Yes No

Are you allergic to environmental substances, foods, drugs, insect bites or stings? Have you ever had an anaphylactic (severe allergic) reaction to any of the above? If yes, please describe:

Yes No

Do you have hemophilia or any other disorder that impairs blood-clotting? If yes, please describe:



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Yes No

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

Yes No

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

Yes No

Do you have a history with migraines or severe headaches? If yes, please describe:

Yes No

Do you have any kidney disease? If yes, please describe:

Yes 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 No

Do you have documented hypoglycemia or diabetes? If yes, please describe:



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Yes No

Do you have any other chronic or acute condition that, in any way, threatens your health?

If yes, please describe:

Yes No

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

When was your last tetanus shot? _____

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: _____

PLEASE PRINT NAME: _____